

Targeted Case Management – Developmental Disabilities

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Section 1: Introduction to MRDD Service System & CDDO role

The Kansas system for supports for people with developmental disabilities (DD) is managed by the Community Supports and Services section of the Kansas Department of Social and Rehabilitative Services (SRS).

Throughout the state, CSS has established Community Developmental Disability Organizations (CDDOs), each serving a specific geographic area. Some CDDOs cover one county; others multiple counties. CDDOs are not service providers; they may be totally independent organizations or may be housed within a local service provider but function separately and independently from the service provision departments of that agency. The CDDO in each area serves as the single point of entry to the DD system. People seeking services for themselves or a member of their family contact the CDDO to access the system.

The CDDO will determine if the adult or child has a qualifying developmental disability and whether or not an adult's intellectual disability affects his or her daily life. If the person is deemed not eligible for developmental disability services, the CDDO will help the person learn of other resources that might be helpful. If the person is eligible, the CDDO then determines the level of care that is needed to support that person's needs.

Information on Eligibility:

<http://www.srs.ks.gov/agency/css/Documents/DD%20Waiver/Eligibility.pdf>

<http://www.srs.ks.gov/agency/css/Pages/DDwaiver/DevelopmentalDisabilities.aspx#providerinfo>

Kansas uses the Basic Assessment and Services Information System (BASIS) to track the people requesting or accessing DD Services and to determine the level of services needed. Through Section 2 of the BASIS assessment, a person with a developmental disability is assigned to a grouping called a tier that describes the level of support needed.

Reimbursement for licensed services is determined based upon the needs of the individual and the tier that best describes the level of support needed. People who are placed in tiers 1-5 by their score on Section 2 of the BASIS are deemed to have a disability severe enough to be eligible for federal Medicaid paid nursing home care and, thus, eligible for the Home and Community Based Services Medicaid Waiver. The HCBS program will be described later in this manual. Individuals with developmental disabilities who are not HCBS eligible may be able to receive other funding sources to pay for needed supports.

When a person with a developmental disability has been determined eligible for DD services, the CDDO will explain the types of services available. In Kansas DD services are provided by many different organizations; these organizations must affiliate with the local CDDO to be able to receive reimbursement from the state for the services they provide. A service provider may offer services in only one area of the state or in multiple areas but must affiliate with the local

CDDO in each area where they offer services. The CDDO will provide a listing of all the service providers available in their area in an unbiased manner to each person eligible for services in their area. The person served has his or her choice of provider.

Contact information for CDDOs and CSPs is found at

<http://www.srs.ks.gov/agency/css/Pages/DDwaiver/DevelopmentalDisabilities.aspx#providerinfo>

BASIS Assessments

The Case Manager's Role

First and foremost, the Case Manager should provide information to the support team and BASIS assessor and support the person served.

Prior to the assessment

Coordinate with the person's support network to schedule BASIS Assessment meetings/interviews.

Review documentation to ensure it is sufficient to verify the information being reported and that it is easily accessed.

Case manager may make prior arrangements with CDDO BASIS assessor if or when a consumer is uncomfortable with some parts of the process (i.e. behavior section).

During the Assessment

Case Manager should assure the following documentation is available as instructed by the area CDDO:

- Case record or file
- Behavior Plan
- Behavior data documentation
- List of current medications
- Medical diagnosis documentation,
- PCSP (Person Centered Support Plan)
- Other relevant information.

If the Case Manager becomes aware that someone is inaccurately reporting information (either not wanting to talk badly about a person served or in hopes of inflating the tier rate), the Case Manager must inform the area CDDO.

Throughout the year the Case Manager should gather and document information from the person served, parents/guardians, schools, community resources, caregivers, mental health professionals, physicians, etc. to ensure accurate information is reported to the area CDDO.

BASIS Section 1

- Changes should be submitted to your area CDDO as they have instructed for:
- Change of address

- Change of guardian status and guardian information
- Change in any identifying information related to individual served

BASIS Section 3

- Changes should be submitted to your area CDDO as they have instructed for:
- Changes in Services (starting or stopping)
- Placed on the services access list
- Change in service provider

The Value of BASIS

Section 1- Information

It is very important that the information in Section 1 is as current and accurate as possible. This information is used by DBHS/CSS, the Legislature, community service providers, and CDDOs to determine service needs.

Section 2- Developmental Disabilities Profile

The Developmental Disabilities Profile has a direct impact on funding and helps identify support needs for the Person Centered Support Plan. Tiers obtained must accurately reflect the individual's needs so that the person can have the necessary supports, but not more supports than are needed. When one person served has more than they need, another individual goes without. (Fiscal responsibility)

Section 3 - Services

This information is used to develop the Services Access list. It is imperative that this information is current and accurate. The Services Access list is used to identify who is served and underserved, and who is waiting for services in order to accurately project funding and service needs.

Needs Assessments

A formal needs assessment, as determined by the CDDO, is required when services begin or are involuntarily decreased or there is a request to increase funding and services. It can be required by the CDDO at any time. TCMs should do informal needs assessments whenever services are discussed with the person served or the support network to determine service needs.

- **Additional Requirements for Kids in Custody:**
 - For children who are classified as a Child In Need of Care (CINC), there are a few things to keep in mind when completing a Needs Assessment (NA) for Supportive Home Care. Whenever a child moves from one resource home to another, the NA needs to be updated. The updated NA must have the schedule of all of the members of the new household, and their support needs. The income information does not need to be included, as the child's income (if approved for SSI) goes to SRS.

SECTION 2: Case Management Services -- Administrative Issues

Definition of Case Management Services

It will be important for you to know the definition of case management services to ensure that you are only billing for services that meet the definition.

Definition of services: Case management services are defined as those services which will assist the individual in gaining access to medical, social, educational and other needed services. Targeted case management includes and or all of the following services:

Assessment of an eligible individual to determine service needs by:

- taking the individual's history,
- identifying the individual's needs and completing the related documentation, and
- gathering information, if necessary, from other sources such as family members, medical providers, social workers, and educators, to form a complete assessment of the individual.

Development of a specific support / care plan that:

- is based on the information collected through the assessment,
- specifies the goals and actions to address the medical, social, educational, and other service needs of the individual,
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's legal representative) and others to develop such goals, and identify a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities:

- to help an individual obtain needed services including,
- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual

Monitoring and follow-up activities including:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities and conducted as frequently as necessary to determine:
 - whether services are being furnished in accordance with the individual's care plan;
 - whether the services in the care plan are adequate; and
 - whether there are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with the providers

Questions and answers by SRS about **billable versus non-billable** activities can be found at <http://www.srs.ks.gov/agency/css/Pages/TCMQATraining/TargetedCaseManagementTrainingQuestionsandAnswers.aspx#qs>

Documentation Requirements (Case notes / Activity Log)

Case management providers are required to maintain written documentation of services provided and billed for. It is important that you know your agency's process for documenting services provided in order to avoid recoupment of payments made. The Kansas Medical Assistance Program (KMAP) MRDD TCM Provider Manual is the governing document for payment requirements, limitations etc. It is found at <https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/TCM%20MRDD%2008012008%20898.pdf>. This manual is updated when requirements change. It is important that you check for updates to this manual to ensure you are complying with current requirements.

The current documentation requirements for TCM services billed are (these are subject to change and it is your responsibility to comply with any KMAP TCM provider manual changes as noted above):

Recordkeeping responsibilities rest with the TCM provider. Medicaid requires written documentation of services provided and billed to KMAP.

Documentation at a minimum must include an activity log that includes:

- *The service being provided*
- *Beneficiary's first and last name*
- *Date of service (MM/DD/YY)*
- *Location of service provided*
- *Case manager's legibly-printed name and signature on each page of the case log, verifying that every entry reflects activities performed by the signee*
- *Detailed description of the service provided, including start and stop times that indicate AM/PM or use 2400 hour clock*

Notes: Time spent should be clearly documented in the notes. Providers are responsible to ensure the services were provided prior to submitting claims.

If documentation is not clearly written and self-explanatory, the services billed may not be paid.

*Services provided must be documented within the timeframe that is billed.
Documentation generated after-the-fact is not acceptable.*

TCM providers have the responsibility to comply with the Kansas Medical Assistance Program General Benefits Manual as well as the provider manual specific to TCM- MRDD. These manuals can be found at <https://www.kmap-state-ks.us/public/providermanuals.asp>. Questions regarding TCM billing/claims are referred to HP Enterprises the Medicaid program's fiscal intermediary. The phone number for HP Enterprises is 785.274.4200.

MRDD Case Management Agency Licensure

An agency must be licensed, have an affiliate agreement with the CDDO, and employ case managers that meet the requirements of Article 63 in order to bill and receive payment. Currently each MRDD TCM agency is reviewed annually by SRS for the purpose of licensure. The applicable standards of Article 63 for MRDD Case Management are identified at http://www.srs.ks.gov/agency/css/Documents/DD%20Waiver/DD_Case%20Management_License_Standards.pdf Regulatory requirements about the qualifications and limitations of individual case managers are found in 30-63-32 of Article 63 <http://www.srs.ks.gov/agency/css/Documents/QualityManagementProgram/QA%20Manual/Art63.pdf> The application forms and instructions for a provider seeking licensure are found at <http://www.srs.ks.gov/agency/css/Pages/Developmental%20Disabilities%20Quality%20Assurance/DevelopmentalDisabilitiesQualityAssurance.aspx>

Requesting Additional TCM Units

Persons receiving MRDD TCM are allotted 240 units for the calendar year. One unit = 15 minutes for the purposes of billing. Case managers are required to manage their service provision within the allotted 240 units. However, there are times when additional units may be required to meet the case management needs of the person. A person must meet the criteria to be approved for additional units

http://www.srs.ks.gov/agency/css/Documents/DD%20Waiver/Prior_auth%20MRDD%20TCM%20criteria.pdf . If a person meets the criteria then you should follow the instructions for requesting additional units found at <http://www.srs.ks.gov/agency/css/Pages/DDTCM.aspx>

Section 3: Accessing Benefits

What is Medicaid?

Title XIX (19) of the Social Security Act, known as Medicaid, is an entitlement program, which is designed to help states meet the costs of necessary health care for low-income and medically needy populations. Medicaid covers things like medical appointments, medications with low-copays, Medicare premiums, Targeted Case Management services etc. For further information on what Medicaid covers go to <http://www.cms.gov/home/medicaid.asp>.

Note: Medicaid is the payer of last resort. All other insurance options, public or private, must first be accessed if available. If a person has other insurance, Medicaid, is the secondary insurance.

Medicaid is a Federal and state partnership in terms of funding and program design. States may design and operate their Medicaid program within Federal guidelines.

The local SRS office, Economic Employment Support Specialist, determines Medicaid eligibility in the state of Kansas. All waiver consumers must be determined Medicaid eligible before services may begin.

Healthwave (Title 21)

Healthwave does not generally cover TCM services. It is for children who are a Kansas Resident under the age of 19 and have no other insurance. For further information go to:

<http://www.khpa.ks.gov/default.htm>

KAN-Be-Healthy

The KAN-Be-Healthy program is a preventive health care program for children from low-income families covered under Medicaid. Children receive regularly scheduled health screenings. Screenings are done on a periodic schedule as prescribed by the American Association of Pediatrics and are done by a physician or a KAN-Be-Healthy certified nurse. Screenings include a health and developmental history, a physical exam, immunizations, laboratory tests including blood tests for lead poisoning, and health education. In addition, a child is entitled to vision, hearing and dental screening services. For other information go to: <https://www.kmap-state-ks.us/Public/Kan%20Be%20Healthy%20Main.asp>.

Other services the Medical card covers:

Dental Services under Kansas Medicaid

Medicaid will pay for consumers under the age of 21 to have routine dental services such as cleaning, fluoride treatments, x-rays, sealants, fillings and extractions. Some services need prior authorization through the state fiscal agent.

Vision Services under Kansas Medicaid

For adults, eye exams are covered once every 4 years, however, when with a medical condition, its allowed for a max of 2 exams per month. Replacement of eyeglasses is covered once every 4 years. Contact lenses require prior authorization. For children, eye exams and glasses are covered as needed. Contact lenses require prior authorization.

Hospice Services

Hospice services are covered by Medicaid and Medicare. See “Aging” Section for further detail.

Home Health Services

Home Health Services through the Medicaid state plan include skilled nursing care; home health aide care with some medical supplies; and therapies. When ordered by a medical provider, therapies such as physical, occupational, and speech, must be rehabilitative and restorative. These services are available to all Medicaid consumers when shown to be medically necessary and ordered by a physician.

Home health aide services require prior authorization through the Medicaid fiscal agent due to the fact that these services many times may be provided through the waiver in a more cost effective manner. For example, if you have a client that lives in their own apartment receiving HCBS Residential funding and staff come into their apartment to provide services, that HCBS funding and service need to be the source for medication management. Not a Home Health Service.

Skilled nursing services include but are not limited to; IV therapy, injections, and blood draws. Medication administration for waiver consumers will be questioned by the prior authorization unit. The reason for this is that in many situations there is another person available that is able to administer the medication safely and in a more cost effective manner. If there is a question regarding the coverage of home health services for waiver consumers, please contact the prior authorization unit at the Medicaid fiscal agent.

Allowable Assets for Medicaid coverage

Beneficiaries' resources must be below \$2000. Allowable assets are monies that are not accessible. These may include but are not limited to funeral/burial plans, life insurance not accessible to them and are in someone else's name and special needs or irrevocable trusts.

Special Needs Trusts

In order for a special needs trust to not be counted as income for Medicaid beneficiaries and not affect benefits, the trust must be set up and have language in there about it being an irrevocable trust. These are also called special needs trusts. They can be used for clothing, entertainment, vacations, and summer camps, educational opportunities, paid caregivers, respite services and tickets to recreations events. They can also be used for payments for medical care and equipment not covered by Medicaid including dental services, therapy, and medical equipment. They cannot be used for food and shelter expenses such as rent and utilities.

HCBS 101: The Foundation of Title XIX Home and Community Based Service Waivers (HCBS)

Purpose

HCBS programs improve the quality of life for special needs populations while avoiding more expensive means of health care that increase costs for States. ***A person can only be on one HCBS Waiver at a time, even if eligible for more than one HCBS Waiver.***

Authority

For information on the history , organization, and regulations of Title XIX go to http://www.agingkansas.org/SHICK/shick_index.html or <http://www.khpa.ks.gov/>

With the exception of the Frail Elderly waiver, responsibility for administration of the HCBS programs is within SRS.

Individuals with disabilities

Kansas has developed 6 HCBS programs to meet specific needs of the following individuals with disabilities:

- 1.) Frail Elderly over age 65; FE Waiver
- 2.) adults and children with Developmental Disabilities; MR/DD Waiver
- 3.) children who are Severely Emotionally Disturbed; SED Waiver
- 4.) children who require Technology Assistance in order to sustain life; TA Waiver
- 5.) individuals over age 16 but not over age 55 who are Traumatically brain Injured; TBI Waiver
- 6.) individuals over age 16 but under age 65 who are Physically Disabled. PD Waiver

For further information on each waiver go to

<http://www.srs.ks.gov/agency/css/Documents/WaiverDescription.pdf>

Institutional Comparison Model

Once an individual with disabilities has been identified to have similar needs, the State must be able to demonstrate a Title XIX reimbursed institutional model from which cost-effectiveness can be determined. For the six HCBS waivers noted above, Kansas uses the following institutional models:

- 1.) Skilled Nursing Facilities (SNFs)
- 2.) Intermediate Care Facilities for Mentally Retarded (ICF/MRs)
- 3.) State Hospitals
- 4.) Acute Care Hospitals (Kaw Valley Center or Larned State Hospital are examples)
- 5.) Head Injury Rehabilitation Facilities
- 6.) Intermediate Care Facilities for Mentally Ill (ICF/MI)

The institutional comparison model is not only used to determine cost-effectiveness but is also the basis for many HCBS rules and regulations.

Access and Eligibility for HCBS Waiver

As a part of the HCBS waiver application process, States must define how access and the two-fold eligibility process for the program will be determined. Kansas has chosen to use private agencies, generally not-for-profit organizations, for access and functional eligibility while SRS area/local offices determine financial eligibility. The access agencies are typically those organizations with interest in service delivery and advocacy to a particular special population.

- 1.) Area Agencies on Aging -AAAs (FE Waiver)
- 2.) Community Developmental Disability Organizations (CDDOs) (MR/DD Waiver)
- 3.) Community Mental Health Centers (CMHCs) (SED Waiver)
- 4.) Registered Nurses in private case management agencies like KIDS SCREEN (TA Waiver)
- 5.) Private case management agencies with special focus on head injury rehabilitation and Centers for Independent Living (CILs) (TBI Waiver)
- 6.) CILs and licensed Home Health Agencies (HHAs) (PD Waiver)

The access agencies not only provide information about the HCBS program but also provide eligibility determination functions. An assessment of the individual's health care status and functional abilities determine if the person would be eligible to receive services in an institutional setting for which Title XIX would reimburse. This is referred to as establishing the level of care criteria. Assessment instruments used in this process vary between HCBS programs in order to adequately determine the needs of the individuals with disabilities.

Spenddown

The spenddown provisions are contained in the federal regulations. Those provisions require that a State establish income standards against which the individual's or family's countable income is compared. If the income is at or below the standard, the person is eligible for Medicaid. If the income exceeds the standard, the amount of that excess is the person's spenddown. In essence, it is similar to an insurance deductible in that the person is

required to meet the amount of the "deductible" (spenddown) before coverage is provided. The spenddown is met through application of medical expenses.

Medical expenses which can be used to meet a spenddown include any medically necessary service prescribed by a medical practitioner including inpatient and outpatient care, prescription costs, office visits, medical equipment, Targeted Case Management bills, etc. The expenses do not have to be covered under the State's Medicaid program so costs such as eye and dental exams which are generally not covered in Kansas for adults would be allowable. In addition, the cost of any medical insurance the person has is also applicable to spenddown. However, any medical costs which are picked up by a third party insurer cannot be counted against the spenddown. Only those expenses for which the individual is obligated to pay on his or her own can be used. Expenses used can be either incurred during the budget period described below or past expenses, which the person still owes.

Kansas uses a six-month period for persons in independent living arrangements. Once this spenddown is met, the person is eligible for coverage on all other expenses incurred during the 6-month period. A new spenddown is then calculated for the next 6-month period and so on.

Monthly (Client) Obligation

For those persons who receive Home and Community Based Services Waiver (HCBS) as the funding for their services and where their monthly income exceeds a protected income level, their spenddown is called a monthly obligation. The HCBS monthly obligation is the monthly amount they must pay toward their HCBS services in order to retain them. The monthly obligation is calculated by SRS. For some this amount changes on a monthly basis and others on an annual basis with annual redetermination.

When the HCBS service provider, who the monthly obligation is assigned to through the Plan of Care (POC), bills for services provided the amount of the monthly obligation is deducted in the reimbursement. Example: If an agency bills for \$1000 of services provided in a month and the monthly obligation is \$100, the agency will only be reimbursed \$900 from HCBS and the person served will need to pay the agency the other \$100.

The monthly obligation can be reduced by submitting similar payments made for medical necessity needs as in the spenddown. It is the responsibility of the person receiving services to pay any medical bills that were used to meet or decrease the monthly obligation. It is also the responsibility of the person to pay the monthly obligation in a timely manner to the service provider. Failure to make timely payments could result in loss of their HCBS services.

Parental fees:

The Parent Fee Program was introduced as a new initiative in 2002, based upon a Legislative Proviso authorizing the SRS Secretary to collect fees from parents to share the financial responsibility of providing Home and Community Based Waiver Services (HCBS) for their children. SRS and a stakeholder group developed a Parent Fee Manual and Parent Fee Schedule, referred to as "Sliding Fee Scale," to administer the program. For further information go to: <http://www.srs.ks.gov/agency/css/pfp/Pages/Default.aspx>

Adult Disabled Child

A person can be deemed an Adult Disabled Child which in turn will allow them to have a zero Monthly Obligation. Persons who qualify for Social Security benefits as "adult disabled children" may be eligible for medical assistance without a spenddown/monthly obligation if the following criteria are met:

- currently receive Social Security benefits as an "adult disabled child",
- received SSI benefits based on disability or blindness and that disability or blindness onset date was prior to age 22 (SSI benefit payment may begin after age 22),
- they lost eligibility for SSI benefits (including eligibility under section 1619) on or after July 1, 1987 solely because they became newly eligible for benefits as an "adult disabled child" or because of an increase in such benefits, and they would be eligible for SSI benefits now if not for the amount of the "adult disabled child" benefit. This provision is not applicable to those who (1) currently receive SSI or cash assistance or (2) reside in a nursing facility or state institution.

Adult Disabled Child benefits can be identified by a Social Security Claim Number which ends with a "C". To request if this benefit is an option, contact the SRS Economic and Employment Services (EES) worker for the Medicaid case.

Plan of Care (POC)

Another function of case management is the development of the individual Plan of Care (POC). The HCBS waiver requires that each individual receiving HCBS services have a POC that identifies at a minimum

- the medical and other services (regardless of funding source) to be furnished;
- their frequency (scope and duration); and
- the type of provider who will furnish each. Copies of the POC are shared with service providers to ensure the selected provider can deliver the needed services and knows what service(s) is approved to be provided. Qualifications for providers is defined in the HCBS waiver application.

For the MR/DD waiver the HCBS MR/DD POC should be completed and in each consumers files. The form is part of the federally approved waiver and must be completed and signed by the consumer and/or their guardian and the TCM. CDDOs, Community Service Providers and Targeted Case Managers should keep signed copies of POCs on file for a minimum of 5 years. If for some reason the consumer or guardian has not signed the POC, the file should contain documentation as to the efforts made to get a copy signed.

When the POC is completed this information will need to be entered into the electronic POC system also known as the Prior Authorization System. The intent of the electronic POC system is for prior authorization and claims payment. This plan should identify and specify waiver services. These plans are submitted to the local CDDO for submission to the SRS Central Office for approval. Please refer to the Prior Authorization Manual for this process.

The prior authorization system was developed to approve plans **prior to services beginning**. This policy remains in effect. Unless a specific exception is granted by the HCBS Program Manager, SRS Central office will not authorize any changes in the prior authorization system older than 45 days. This 45 days is allowed in order to respond to emergencies. Therefore it is vital that when entering a POC into the electronic system that **ALL** information is correct, this includes provider numbers and start and stop dates.

Electronic plans of care that have had no changes made to them in the month will regenerate automatically in the system monthly, through the annual cycle. Each person's POC must be updated and resubmitted at least annually.

3161/3160's

These are forms used to communicate between the CDDO, the Targeted Case Manager and the SRS Economic and Employment Services (EES) workers. The 3160 is used when a person first gets HCBS funding to have it coded in the billing system by SRS. The 3161 is used to report changes in address, monthly obligation changes, status changes and annual cost of HCBS service changes.

Service Definitions and Reimbursement

Centers for Medicaid Services (CMS) allows, even encourages, States to be creative in development of HCBS service definitions and reimbursement methodologies. Each program creates unique services to meet the needs of the intended individuals with disabilities. Some services, like Supportive Home Care, are similar in definition across all HCBS programs. However, qualifications of providers, limitations on scope and benefits, and reimbursement varies between the programs to again meet the specific needs of individuals. Some HCBS definitions are very prescriptive in nature while others allow broad flexibility. All HCBS claims must be paid through a certified Medicaid Management Information System (MMIS).

Consumer Directed Care - Supportive Home Care (SHC)

K.S.A. 65-6201 requires that consumers and/or guardians be allowed to self-direct attendant care services funded under the HCBS waivers. Consumers who choose this service delivery option are responsible for recruiting, training, and managing their attendants. These services can be supervision or physical assistance with any Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Some tasks, termed Health Maintenance Activities, do require delegation from a nurse or physician.

Additional requirements for self-directed care can be spelled out in regulatory standards and affiliate agreements.

CMS strictly prohibits parents of minor children and spouses from receiving Title XIX (19) reimbursement for HCBS. Caregivers selected by consumers to provide attendant care services must enroll through a Financial Management Service (FMS) entity in order to receive Title XIX reimbursement. The FMS are responsible for ensuring the appropriate federal and state withholdings are completed.

For further detail an information about the benefits and limitations of this service go to :
<https://www.kmap-state->

ks.us/Documents/Content/Provider%20Manuals/HCBS%20MRDD%20SUP%20HOME%20CAR E_02262010_10016.pdf

Consumer Directed Care - Personal Assistant Services (PAS)

This service allows persons to self-direct services that would otherwise required licensure. A person can self-direct their Day and / or Residential services through this service. More information about the benefits and limitations of this service may be found at :

<https://www.kmap-state->

ks.us/Documents/Content/Provider%20Manuals/HCBS%20MRDD%20PERSONAL%20ASSIST %20SERV_02262010_10016.pdf

HCBS Waiver and Other Programs

HCBS/MRDD Waiver

Eligibility Requirements

- 5 years of age or older
- Eligible for Medicaid
- Meeting the definition of mental retardation or developmental disability.
- Eligible for ICF/MR level of care.

Institutional Equivalent: Intermediate Care Facility for Persons with Mental Retardation

Point of Entry: Community Developmental Disability Organization

Financial Eligibility:

- Only the individual's personal income and resources are considered.
- For individuals under age 18 parents' income and resources are not counted for waiver eligibility, however, it is considered in the Parental Fee Program noted earlier.
- Income over the Social Security Threshold Guidelines must be contributed towards the cost of care. See your SRS Economical Eligibility Services Worker.

Services Available:

Residential Services	Day Services	Overnight Respite
Medical Alert Rental	Wellness Monitoring	
Family/Individual Supports	Assistive Services	
Supportive Home Care	Sleep Cycle Support	
Personal Assistant Services	Specialized Medical Care	

For specifics on each service please see the HCBS Waiver manual -

<http://www.srs.ks.gov/agency/css/Documents/DD%20Waiver/April2008handbook.pdf>

General Information

- If a person is eligible to receive MR/DD waiver services, he or she should be served with that waiver (even if also eligible for PD waiver services).

- If a person has both MR/DD waiver service needs and mental health service needs, the MR/DD service system is expected to take the lead in service development and access, including access to effective mental health services.

Working Healthy Program

Working Healthy is a Medicaid benefit that offers people with disabilities who are working or interested in working the opportunity to get or keep Medicaid coverage while on the job. Working Healthy is a Medicaid program.

Eligibility Requirements: have a disability determined by Social Security; be no younger than 16 and no older than 64; be employed making federal minimum wage and a required monthly income; have total income of less than 300% of the Federal Poverty Level; not be receiving Home and Community Based Services (HCBS), or willing to go off the waiver; not be living in a nursing facility; not be receiving SSI; and have resources that are less than \$15,000. For more information go to: <http://workinghealthy.org/>.

Work Opportunities Reward Kansas (WORK)

WORK is a State plan package of benefits that provides personal services for employed persons with disabilities in Kansas. In order to have WORK services a person must have the Working Healthy Medicaid benefit. WORK is designed to provide persons more control in their lives by allowing them to purchase personal assistance services (PAS) in alternative ways that will meet their needs using a monthly cash allocation.

Eligibility Requirements:

- be age 16 through 64;
- determined disabled by the Social Security Administration;
- paying FICA taxes;
- countable net income no higher than 300% of the Federal Poverty Level;
- assets no higher than \$15,000;
- a Kansas resident;
- demonstrate a need for Activities of Daily Living (ADL),
- be competitively “employed in an integrated” setting,
- earning the federal hourly minimum wage,
- earning at least \$65.00 per month;
- residing in a home or property that is **not** owned, operated, or controlled by a provider of services not related by blood or marriage.

A person enrolling in work will have a needs assessment completed by an Assessment Contractor. When costs of needs are developed an individualized budget will be created. The budget will account for costs for supports. These could help with hygiene and medical needs, job coaching support and other personal services. Personal Services also includes alternative and cost-effective methods of obtaining assistance that increase independence, or are a

substitute for human assistance, to the extent otherwise be made for human assistance. For example, utilizing a food or laundry service rather than having a personal assistant prepare meals or do the laundry.

It is important to note that WORK is not a waiver program, and rules for participating are different from HCBS. For further information go to:

http://workinghealthy.org/downloads/WORK%20Provider%20Manual%2003_22_10.pdf

Money Follows the Person (MFP)

Money Follows the Person is a demonstration grant to move people from nursing home, Intermediate Care Facilities (ICF/MR) and Institutions (State Hospitals) into the community. The money budgeted to serve them in those settings follows them to the community. MFP not only allows residents to receive Home and Community Based Services (HCBS) in the community but also enhanced services which allow for payment of utility deposits and reasonable expenses to re-establish a residence. MFP enhanced services will make it possible for the resident to return to the community. Beneficiaries can receive up to 365 days of MFP funding before their case is transitioned to the HCBS waivers. The four populations that can be served by this grant are Frail Elderly (FE), Physical Disability (PD), Traumatic Brain Injury (TBI), and Mental Retardation/Developmentally Disabled (MRDD).

To be eligible for this program, a beneficiary must meet the following criteria:

- Be a current resident of a nursing facility (NF) or intermediate care facility (ICF/MR) with 90 days continuous stay
- Be Medicaid-eligible 30 days prior to receiving MFP services
- Meet the functional eligibility for waived services
- Have an interest in transitioning back into the community into a residential setting of four persons or less, or their own apartment

Services Offered Under the MFP Demonstration

- HCBS waived services specific to the beneficiary
- Transition services – up to \$2500
- Home modification/assistive technology
- **Note:** Authorized services will not count toward \$7500 lifetime cap.
- Community bridge building
- Transition coordination services
- TCM service
- Therapeutic support (MRDD and TBI only)
- All MFP services, with the exception of targeted case management (TCM), oral health services and community bridge building, require prior authorization (PA) through the plan of care (POC) process.

For further information go to: <http://www.srs.ks.gov/agency/css/Pages/MFPgrant/MFP.aspx>

Non-Waiver Services

State Grant Funds/State Aid/ Local CDDO dollars

Services and supports can be funded by State General Funds/State Aid (when available) that are allocated to each CDDO for Family Support, Family Subsidy and Adult Day and Adult Residential Services. These funds are utilized based upon individual need. These services can supplement other non waiver services the person may be receiving, such as Infant/Toddler services. Each person who receives State General Fund services must have a Person Centered Support Plan in place.

CDDO/CSP-Based Special Needs Funds

Many CDDOs and CSPs have restricted funds set aside for special needs of persons with disabilities. Each CDDO and CSP will have their own policies on how to access the funds as well as what the funds can be used for. Some CDDOs and CSPs may grant the money and others may loan the money with a required pay back plan. The most common items the restricted funds are used for are: security deposits on rent and utilities, start up costs for initial apartment setting or group home setting, dental expenses, uncovered medical expenses, and assistive technology.

The CDDOs and CSPs attempt to find other funding for the requests prior to using their restricted funds. They may work with local civic organizations, religious organizations, ARCs, Goodwill, State Agencies and foundations to fund the request. Many communities have Salvation Army, Food Pantries, or Assistance Centers available to help provide food and clothing to people in need.

Ports/ Transfers to other CDDO's

Persons served may transfer their HCBS funding from county to county within the State. Once they move out of the State their funding is terminated and they have no funding in Kansas. They cannot take it with them to other States. Persons currently receiving services from one CDDO or Community Service Provider (CSP) may move to another CDDO or CSP. All funds with the exception of State Aid and CDDO administration funding must be portable. Funds must be portable except when a person no longer needs services or voluntarily withdraws from services with no immediate foreseeable need for services.

Food Assistance Program

The Food assistance program (also known as the food stamp or Vision Card program) provides benefits to eligible persons to buy food, even vegetable plants and seeds, from a local grocery store. The cost is electronically subtracted from the person's Vision card account. The Vision card looks and acts like a debit card. The Vision card is presented to the store clerk when purchasing food and the amount of the purchase is electronically deducted from their account balance.

Eligibility Requirements:

- Persons age 60 and older and persons with disabilities are eligible for this program
- Persons with disabilities include those receiving Supplemental Security Income, Social Security disability payments, certain Veterans disability payments, disability retirement benefits for a permanent disability, and railroad retirement disability. Persons who work, but have a low income, as well as those who do not work are eligible.

- The person and anyone who lives in the person's household and eats with the person are eligible. Household members do not have to be related to be considered part of the household. This would include unrelated individuals who live in a group home.
- All the household members must be United States citizens or meet other non-citizen qualifications.
- Individuals that live in **for profit** group homes are generally excluded from Food Assistance.

The amount of assistance received is based on the household's size and amount of income after deductions. Deductions include monthly expenses such as rent, gas, electric, and phone charges.

Receiving food assistance will not reduce the amount of other payments received such as Social Security or Supplemental Security Income. There are no time limits on receiving food assistance as long as the person meets the requirements.

An application can be picked up at the local SRS office, or one can be mailed to the person. Return the completed application to SRS and the person will be notified of an interview date. People with disabilities may also name an authorized representative, who can complete the food stamp application process for them or assist with accessing the money on the card.

The person will need to provide SRS with proof of identification and assets as part of the application process. Once a person is determined eligible, SRS notifies the person and informs them of the amount of food assistance they will receive. A PIN will need to be set up to access their funds. SRS will add funds to their Vision card account monthly. The Vision card is presented to the store clerk when purchasing food and the amount of the purchase is electronically deducted from their account balance (like a debit card).

Emergency Food Assistance Program (TEFAP)

The Emergency Food Assistance Program (TEFAP) provides United States Department of Agriculture (USDA) food to low income households. This food provides help in improving the diet and is free of charge for qualifying households. Food is shipped four or five times a year to local nonprofit organizations and food banks, who are responsible for notifying the public of the time and place of distribution. Information regarding the location of participating organizations and distribution dates can be obtained from local helping agencies or SRS offices.

Basic Eligibility Requirements:

- Resident of Kansas
- A declaration of eligibility must be signed prior to receiving USDA commodities at a participating organization
- Provide and verify income and household size information
- Resident must apply in the county of residence, or where established by a distribution area plan
- Additional requirements may be added by local distributing organizations

In some cases, a representative of the person can pick up the commodities and the person does not have to be present. Contact the participating organization prior to the distribution time to find out the specific procedures to follow since each organization may have different practices.

Medicare

Medicare is a federal health insurance program for people 65 or older, people with certain disabilities, and people that draw from benefits of a deceased parent (SSDI). Social Security offices take applications for Medicare and provide general information about the program. If you are under 65, you can get premium-free Medicare Part A benefits and Medicare Part B (monthly premium), if you have been a disabled beneficiary under Social Security or Railroad Retirement Board for more than twenty-four (24) months.

Certain government employees and certain members of their families can also get Medicare when they are disabled for more than twenty-nine (29) months. They should apply at the Social Security Administration office as soon as they become disabled.

If disabled, people will automatically get a Medicare card in the mail when they have been a disability beneficiary under Social Security or Railroad Retirement for twenty-four (24) months.

For more information: <http://www.agingkansas.org/SHICK/disability.html> or [Medicare.gov](http://www.Medicare.gov).
Nationwide toll-free help line: 1-800-medicar (e) (1-800-633-4227)

There are four parts to Medicare:

Part A or Hospital Insurance - This helps pay for care in hospitals as an inpatient, critical access hospitals, some skilled nursing facilities, hospice care, and some home health care. Part A is paid for by a portion of the Social Security tax of people still working.

Part B or Medical Insurance - This helps pay for doctors' services, outpatient services, hospital care, supplies that are medically necessary and some other medical services that Part A does not cover, such as the services of physical and occupational therapists, and some home health care. There is a monthly premium for Medicare Part B coverage and the premiums may change yearly. Once a person is eligible for Medicare Part A, they automatically become eligible for Medicare Part B. The monthly premium for Part B is usually taken out of the person's monthly Social Security or Railroad Retirement checks. If the person doesn't get any of these payments, Medicare sends a bill for the Part B premium every three months.

Part C- Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are health plans offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, the plan provides all your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. Medicare Advantage Plans may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most plans also include Medicare prescription drug coverage. Medicare Advantage Plans must follow rules set by Medicare. However, each plan can charge different out-of-pocket costs and have different rules for how you get

services (like whether you need a referral to see a specialist or if you have to go to only doctors, facilities, or suppliers that belong to the plan). You usually pay one monthly premium to the Medicare Advantage plan, in addition to your Part B premium.

Part D or Drug Coverage-Medicare prescription drug coverage (Part D) is available to everyone with Medicare. To get Medicare drug coverage, you must join a Medicare drug plan. Plans vary in cost and drugs covered. To join a Medicare Prescription Drug Plan, you must have Medicare Part A and/or Part B. To get prescription drug coverage through a Medicare Advantage Plan, you must have Part A **and** Part B. The **Medicare Prescription Drug Plan Finder** provides a way to make specific plan comparisons. It is available electronically at www.medicare.gov or by calling a customer service representative at 1-800-633-4227. The Drug Plan Finder allows people to personalize their search for a drug plan that most closely fits their needs.

For more information on any Medicare plan or information visit www.medicare.gov

Medicare Premium Program

Persons who are eligible for Medicare Part A coverage and whose income does not exceed 100% of the federal poverty level (eligible for QMB) or falls between 100% and 175% of the federal poverty level (eligible for LMB) can qualify for the Medicare premium program.

The Qualified Medicare Beneficiary Program (QMB) will pay for the individual's Medicare premiums, deductibles and co-payments, if their resources are under the limits and if their income is under 100% of the federal poverty level.

The Low Income Medicare Beneficiary Program (LMB) will pay for all or a portion of an individual's Medicare premiums if their resources are under the limits and their income is between 100% and 175% of the federal poverty level.

Kansas Rehabilitation Services (KRS)

Vocational Rehabilitation (VR) services are designed to help people with disabilities become gainfully employed and self-reliant. The program emphasizes individualized community-based services, integration, and consumer choice. Services may include vocational assessment; counseling and guidance; physical and mental restoration; training; rehabilitation technology; job placement, supported employment, and transition planning services for students with severe disabilities.

At the age of 16 or older, Kansas law requires the school to notify Kansas Rehabilitation Services about students who may qualify for or be interested in rehabilitation services. However, Kansas Rehabilitation Services (KRS) has its own eligibility requirements, so not all students receiving special education services can receive KRS services.

To receive services, an individual must: have a physical or mental impairment that results in a substantial impediment to employment; be able to benefit, in terms of an employment outcome, from VR services; and require VR services to prepare for, secure, retain or regain employment. Priority is given to those with the most severe disability when there are insufficient resources

available to serve all eligible applicants. Payment for most services is based upon the individual's financial need.

Low Income Energy Assistance Program

The Low Income Energy Assistance Program (LIEAP) is an annual program that is designed to help a household with its heating costs. The program is operational each year between mid-January and the end of March. Applications can be filed at any SRS office. A special application form must be filed. Applications are available at any SRS office, at heating utility companies, through the Department of Aging and other various helping and service agencies.

Eligibility for LIEAP is based on several factors:

- The household must prove that it has made energy payments in at least 2 of the last three months
- The household must be responsible for a heating cost, either through direct billing to an adult household member or through the landlord, or have heating included in the rent.
- Income for the three months prior to the month of application must be considered (gross, i.e. before taxes and deductions) and must be less than 130% of the poverty level
- If eligible, a one-time payment is made. The amount of the payment will vary from case to case, and is based on household income, size, type of home/apartment, type of furnace and type of heating fuel.

This payment comes in the form of a two-party check made payable to the head of household and the utility company. For Kansas Gas Service customers, payment is made directly to KGS. If the household has separate heating and cooling bills, payments may be split between the two utilities.

Social Security Benefits

There are five major categories of benefits paid for through Social Security taxes: retirement, disability, family benefits, survivors and Medicare. Supplemental Security Benefits are not financed by Social Security taxes, however they are a part of the Social Security system. Of these five categories disability benefits and Medicare would be of the most interest to the persons served.

Disability benefits are payable at any age to people who have enough Social Security credits (have worked and put into the Social Security system) and who have a severe physical or mental impairment that is expected to prevent them from doing "substantial" work for a year or more or who have a condition that is expected to result in death. The disability program includes incentives to smooth the transition back into the workforce, including continuation of benefits and health care coverage while a person attempts to work.

Supplemental Security Income (SSI)

The federal government makes payments to people who have a low income and few assets. To get SSI, the person must be 65 or older or be disabled. Children as well as adults qualify for SSI disability payments. As its name implies, Supplemental Security Income "supplements" the person's income up to various levels - depending on where the person lives. The federal

government pays a basic rate and some states add money to that amount. Generally, people who get SSI also qualify for Medicaid, food assistance programs and other assistance.

To apply for SSI, the person must go to the local Social Security Administration (SSA) office. She or he will need to bring all the applicable documents from the following list:

- Social Security card
- Birth Certificate
- Information about his disability (i.e. medical or psychological reports)
- Earned income records (i.e. paycheck stubs, tax returns)
- Unearned income reports (i.e. child support, alimony, or interest records)
- Real estate records
- Auto registration
- Information about liquid assets (i.e. checking and savings account statements for four months, bonds, stock certificates, and life insurance policies)

Eligibility for SSI is determined by Disability Determination Services from Topeka, KS, however applications must be made at the local SSA office. Kansans who receive SSI are also eligible for Medicaid

Social Security Disability Insurance (SSDI)

People with long-term or indefinite disabling conditions severe enough to prevent them from working, and who have worked in the past and contributed to Social Security, are eligible for SSDI. Adult children with disabilities who are "dependents of retired or deceased workers" are also eligible for Social Security benefits "if the dependent's disability began prior to age 18." These may be referred to as Survivors benefits.

The application process for SSDI is similar to that for SSI, including the documentation needed. The amount of SSDI paid monthly will depend upon the amount the worker contributed to Social Security.

Kansans who receive SSDI may or may not be eligible for Medicaid, depending on the size of their monthly benefit and other resources and income.

Payee

If a person served is unable to manage their own money they can have a payee. This person must get a payee through Social Security's Representative Payment Program. This means they must have a payee register and apply to be a payee through SSA. Generally, SSA looks for family or friends to serve in this capacity. If that is not an option or a good option, there are organizational payees as well.

The payee receives SSA payments on behalf of the person served and must use the money to pay for the current needs of the person served. These include: housing and utilities; food; medical and dental expenses; personal care items; clothing; and rehabilitation expenses (if they are disabled). After those expenses are paid, the payee can use the rest of the money to pay any past-due bills, or provide entertainment for the person served. If there is money left over, the payee should save it for the person served. They payee can charge a monthly fee for their

services as stipulated by SSA.

The payee must keep accurate records of payments and how they are spent and regularly report that information to Social Security. The payee also should share that information with persons served. For more information go to: <http://www.ssa.gov/payee/>

Housing Assistance Programs

The Housing Development Division of the Kansas Department of Commerce and Housing and the U.S. Department of Housing and Urban Development (HUD) provide housing assistance for people in the State of Kansas. In some cases, the Kansas Department of Commerce and Housing provides the oversight for Department of HUD funds awarded in this State.

The goals of both the State and Federal Housing Departments are similar and they utilize a variety of strategies and approaches to create housing opportunities for the residents of Kansas. The most common strategies are increasing homeownership opportunities, promoting energy efficiency improvements for owner-occupied and rental housing, and providing affordable housing through rent assistance to low-income families.

Home Ownership

As the cost of rent increases, many of the people receiving services are wanting to purchase their own homes. Most banks and lending institutions have loan programs to help fund the home purchase. The Rural Development offices located throughout the State offer another option for funding home purchases.

Section 8 Rental Vouchers and Certificates

HUD provides Section 8 rental vouchers and certificates administered by Public Housing Authorities (PHAs) that have approved plans. The voucher and certificate program increases affordable housing choices for very low-income households by allowing families to choose privately owned rental housing. The PHA generally pays the landlord the difference between 30 percent of household income and the PHA-determined payment standard - about 80 to 100 percent of the fair market rent (FMR). The administering PHA inspects the housing units to make sure they comply with HUD quality standards. The PHA issues a voucher to an income-qualified household, which then finds a unit to rent. If the unit meets the Section 8 quality standards, the PHA then pays the landlord the HUD portion and the tenant is responsible for the remainder of the rent. The household may choose a unit with a higher rent than the FMR and pay the landlord the difference or choose a lower cost unit and keep the difference. The rent must be reasonable compared with similar unassisted units.

In some areas the Section 8 benefit has a waiting list. The waiting list is not always open to have people added. When it does open, persons served can submit to be on the waiting list. Then when their name comes off the waiting list applications must be completed.

Weatherization Assistance Program

The State of Kansas and the Federal Government fund Weatherization Assistance Programs. The goals for both programs are to provide housing improvements that increase

energy efficiency in income-eligible, single- or multi-family dwellings, including manufactured homes. Contact the local SRS office for an application.

Eligibility income guidelines for the Kansas Weatherization Program differ from LIEAP and are 150% of the federal poverty level or 60% of the state median income, whichever is greater. Households are automatically eligible if one person is receiving Temporary Assistance to Families (TAF) or Supplemental Security Income (SSI). There is no resource test. The elderly, people with disabilities, or those with at least one child in the home are identified as individuals with disabilities, which deems them a priority when a waiting list for services develops. Emergency situations also receive priority (e.g., furnace tests positive for carbon monoxide).

Weatherization services and materials may include: weatherization needs assessments; caulking; insulation; storm windows; modifications, repairs, or replacements of heating or cooling system.

Taxing Rebates/Refunds:

Homestead Tax Credit

The State of Kansas offers a property tax rebate for homeowners and renters. To qualify, the claimant must be a Kansas resident whose household income meets requirements, and who is over 55 years old, or is blind or has disabilities, or has a dependent child under 18 who lived with them all year. "Household income" is generally the total of all taxable and nontaxable income received by all household members.

This rebate is claimed on Kansas Form K-40H, "Kansas Homestead Refund Claim." This form and booklet of instructions are available from the Taxpayer Assistance Center, driver's license stations, the county clerk's office and other places of convenience throughout the state.

Food Sales Tax Refund

Form K-40 is not only a Kansas Income Tax return, but also the claim form for the Food Sales Tax Refund. This program offers a refund of the sales tax paid on food. To qualify, you must be 55 years of age or older, or be blind or have disabilities, or have a dependent child under 18 who lived with you all year whom you claim as a personal exemption. You must also be a Kansas resident whose Kansas qualifying income meets requirements. The refund is claimed on Form K-40. The Food Sales Tax refund will either increase the amount of your Income Tax refund or decrease the amount you owe.

Federal IRS Deductions

The Federal IRS offers tax breaks to people with disabilities as they are filing their taxes. Medical expenses related to the person's disability are deductible as well as special items and equipment, which are necessary for the care of the individual. Supplemental Security Income (SSI) payments are not taxable and these payments should not be included in the person's income. For more information on Credits for the Elderly or the Disabled, see IRS Publication 524.

Many communities offer volunteer tax preparers for low income people. Contact the United Way for sites. You can go to the following site for United Way and their opportunities

<http://www.unitedwayplains.org/>

Accessing Benefits

The TCM should link the person with assistance in accessing any of these programs for which the person is eligible. If the person is denied any benefits to which they may be entitled, the TCM should link the person with someone that can assist them in appealing.

Section 4: Person Centered Support Plans

Planning Guidelines

- Initial Plan - Any time a person enters a new service, (TCM, Day, Residential, etc) to primarily address the supports necessary to meet the person's direct needs, to keep the person healthy and safe, and to address strategies for making a smooth transition. Additional supports and goals will be developed as the individual reaches initial goals and provider staff has more experience working with them.
- Annually - The plan should be reviewed/revised at least annually
- Revisions as needed to keep plan current
- The Plan and all revisions must 'be approved, in writing, by the person or the person's guardian, if one has been appointed. Requirements for approval from or consultation with the person's guardian shall be considered to have been complied with if the provider documents that it has taken reasonable measures to obtain this approval or consultation that the person's guardian has failed to respond.'
- Plans must address Kansas Lifestyle Outcomes
 - Opportunities of Choice to Support and Increase Independence, Productivity, Integration and Inclusion; Effective Access Maintained
 - Individual Rights and Responsibilities Supported
 - Personal Health and Safety Maintained
 - Use of Psychotropic Medications or Restrictive Practices Safeguarded

PURPOSE OF PLAN

To identify and document

- Needs, interests, and desires of the person
- Necessary supports for the person to be successful
- Strategies to assist the person in achieving their lifestyle preferences and personal goals
- Progress towards achieving lifestyle preferences and personal goals
- The person's satisfaction with their supports, their lifestyle, and their progress towards meeting personal goals.

VALUES

- The person is the focal point to the planning, their interests and needs, and desired outcomes drive the process.
- The plan can change at any time, if the person wants a change, circumstances change. Change happens!

- An energizing, creative and individualized process in which to explore the natural supports, gifts, strengths, interests/preferences, and desires of the person.
- Every person has the ability to express big and small preferences, and to make their own choices.
- Empowering individuals to make their own decisions regarding their welfare and future.
- Individuals need broad bases of experiences to make decisions.
- Every person can develop skills and personal competencies, maintain satisfying relationships and contribute to the community.
- People are unique individuals and are valued in their home, and in their communities.
- Individuals are entitled to a quality life and rights that include what most people without disabilities take for granted: a pleasant and safe home environment; enriching and satisfying personal relationships; acceptance by the community; opportunities for work and leisure activities; freedom to make choices and decisions; attainment of hopes and dreams
- People with disabilities should be treated with dignity and respect, even when it means taking a risk.
- Living, learning, and working in an integrated environments
- The community is full of resources that are available to everyone.
- Focus on strengths and interests rather than on weaknesses
- Outcome focused even when it requires that next best options be developed.
- Some individuals will need a safety net that allows for protection, but still encourages learning and further skill development.
- Support is reduced or eliminated when is no longer needed.

TEAM Approach

The role of the case manager is to facilitate the process of gathering and organizing the team to assure that the plan is developed and implemented. But all members can take on different roles during the process. The team consists of persons who care about and/or for the person and may consist of friends, family, neighbors, and paid providers. The team can accomplish significant goals and there are many ways to meet those goals. There is no right and perfect way as every person and every situation is unique. The team working together focused on the needs and desires of one person is essential for success.

Responsibilities of Planning and Support Team

- Assess the persons preferred lifestyle
 - Where the person wants to live
 - Who they want to live with
 - What the person wants to do during the day
 - What type of social activities they wish to participate in
 - Who they want to socialize with
- Develop strategies to help the person achieve their preferred lifestyle
- Ensure that the person's rights are protected. People with developmental disabilities are entitled to experience the same opportunities, choices, and control of their lives as we all enjoy
- Seek out and present information on options,

- Assists the person to understand their options and to make choices, as they are able. The circle of support is non-judgmental about what the choices a person makes.
- Assess the potential risks involved in some choices or behaviors
- Develops a plan to address the risk, if restrictions on individual rights are necessary, while continuing to work towards supporting the person in achieving their preferred lifestyle.

CRITICAL ELEMENTS

- The individual's current home, community connections, work activities, and unpaid/natural and generic community services.
- individuals interests, gifts, skills, and personal qualities
- What the person is learning or would like to learn.
- A look at what the person likes about their life and what they would change.
- A look at how to best listen to, or hear, the person
- How the person makes choices, and decisions
- An exploration of each individual's personal qualities, dreams, and opportunities for social roles and community connections that are to be appreciated or enhanced.
- An outline of each person's opportunities, challenges, and barriers to achieving goals,
- Strategies to overcome barriers, and next best options available.
- The resources that are available to that person to assist in achieving their visions - family, community resources, activities, training, materials, equipment, assistive technology, and services, including
- An exploration of an individual's "Vision for their Life" in the areas of home, friends/community and work/meaningful day activities and any other area that is important to them. This includes the identification of the outcomes that the person wants to achieve in their life and the identification of the circles of support that are available to assist them in reaching those outcomes
- Identification of needed supports to ensure effective
 - Financial management
 - Self Advocacy
 - Personal Safety
 - Health Care
 - Behavioral needs
 - Handling Grief and Loss

PLANNING PROCESS

Pre-Meeting Planning

Pre-interviews with the person-It is important to meet with the person you support prior to the development or planning meeting of supporters for input into the person centered support plan. If the person is not able to make these choices independently, someone who knows them well (family member, friend, guardian, case manager, provider staff) can act on their behalf. Some of the issues to review and discuss with the person are:

- Who do you want at your meeting?

- Where do you want to have the meeting?
 - When do you want to have the meeting?
 - You should work with the person to become aware of key lifestyle preferences prior to a planning meeting. Discuss with the person his or her key lifestyle preferences – and the values upon which they are based – including a consideration of the following:
 - In what type of setting do you want to live;
 - With whom do you want to live;
 - What work or other valued activity do you want to do;
 - Who do you want to socialize with; and
 - In what social, leisure, religious, or other activities do you want to participate.
 - Are there certain things you don't want to discuss at the meeting?
 - Who do you want to facilitate the meeting? (Anyone on the team can do this)
 - What support do you need in order to fully participate in your planning meeting?
- A. Invite all support staff and family/guardian to the meeting or provide an opportunity for input. Individuals not invited or unable to attend the meeting will be given input by an interview with the TCM or by filling out a blank question form.
 - B. Review all available information over the past year to help identify trends or issues that may need to be addressed – i.e. Satisfaction surveys, assessments, behavior data, case notes, etc.
 - C. Secure a meeting place and let all those invited know the location and time.
 - D. Prepare an agenda. Gather other needed materials for the meeting.
 - E. Determine who will be writing the Person Centered Support Plan.

Facilitation of the meeting:

- A. Introductions
- B. Explain the purpose and focus of the meeting.
- C. Review roles and expectations for meeting participation to enhance team building, relationships, and communication.
- D. Know the individual with whom you are working.
- E. Come to the meeting prepared to discuss the individual's progress, problems, concerns, and accomplishments to celebrate.
- F. Share your information in the meeting in the same way you would want information about you shared with others.
- G. The process is individually driven/individualized.
- H. Tone should be kept positive, respectful, and outcome oriented.
- I. Traditional roles will be respected but be prepared to think outside the box.
- J. All team members are expected to attend on time and stay for the duration of the meeting.
- K. Assure the meeting is the person's meeting and doesn't turn in to the team's meeting.
- L. Have a game plan of working toward meeting the person's preferred lifestyle through goals where applicable.
- M. Keep in mind the financial impact of services, and options as they are presented.
- N. Be prepared to explore and develop next best options based on the values driving the person's choices, the related needs, and an expansive consideration and potential

alternatives which will honor the core values.

- O. Assign tasks and responsibilities for assuring the plan is implemented.
- P. At the close of the meeting, ask the person if the team got it right and if there is anything else that needs to be discussed. Ask for the person's approval, and the team's support for the plan.
- Q. Thank everyone for attending.

REVIEW OF PLAN

- A. Reviews assure the plan is
 - Up to date
 - Being implemented
 - Goals are being met
 - Person is receiving the support they need
 - Person is satisfied with the plan
 - Person is satisfied with the quality of the support they are receiving
 - Contributing to the continuous movement of the person towards the achievement of the person's preferred lifestyle.
- B. Plans are to be reviewed regularly through:
 - Inquiry to the person, and/or the person's legal guardian's opinion of the supports and services provided
 - Review of all documentation on progress of goals
 - Communication with all of the team members
 - Visit of the site where the person receives support or services
 - Assessments from professionals
 - Team Meetings, as needed

UPDATING PLANS

- Plans are considered to be working documents and are required to be up to date at all times.
- Whenever a revision is needed to the plan it must be approved, in writing, by the person or the person's guardian, if one has been appointed.

Revisions are required:

- A. As Environment Changes – When a significant change occurs in the person's life, such as move to a new home or a change in their employment status, the plan should be updated to reflect the change. This may require a support team meeting, depending on the specific needs of the individual, or may be done in consultation with the support team, without having a formal meeting
- B. As Preferences Change – to reflect the current goals, preferences, choices,
- C. As Person's Support Needs Change – When a person is facing a change in health, mental health, or behavioral needs.

Children's Plans

The Children's Plan must have all the information and requirements of an adult plan, including information about transition to adult services. The Individual Education Plan has much of the information needed for the person's plan- such as their learning and development goals. The case manager should have a copy of the IEP to assure that all necessary elements are addressed. The child is still encouraged to be a part of the plan, and to sign their plan. The guardian signature will also be necessary to approve the plan. A plan for a child can be an outline to assist families in directing their supported home care providers to teach the independent living skills needed for adult life. The plan can also be used to outline the future support needs of the person for such things as assistive services, and benefit planning.

Transition Plans

In transition planning the role of the Case Manager is

- Assess the person's lifestyle preferences and assure the transition is based on the person's lifestyle preferences.
- Assess the person's changing needs because of a change in the person, or a change in setting and assure the person's needs can be met during and after the transition.
- Support the person in planning and arranging for services to follow the person when they move.
- Identifying Resources that meet the person's lifestyle preferences, and offer options for the person or their representative to choose from
- Assure there is access to needed services, and no unwarranted obstructions from service providers
- Assist the person to achieve their preferred lifestyle in the new setting.
- Review the effectiveness of services and satisfaction with services with the person and assist with changes needed.

Keys to Positive Transitions

- Complete Plan prior to the transition with all pertinent information disclosed to new provider, or setting staff responsible for providing services.
- Review and update, and share all aspects of the plan – Person Lifestyle Preferences and needs for support. Including:
 - Difficult service issues,
 - Realistic and fact-based evaluations of personal skills and abilities,
- Involve all team members - present and future,
- Communicate with the person, and within the team,
- Follow Policies and Procedures of the CDDO in the relevant service area.
- Review and update of plan after the transition occurs.

Types of Transition

- School to Adult life (SSI, guardianship, benefit and service planning)
- Service Provider to Service Provider (Needs for support, and lifestyle preferences)
- Institution to community based services
- One HCBS Waiver to another
- One Service Area to Another Service area
- One Service setting to another service setting

Individual Justice Plans – (see positive behavior supports section)

Employment First Initiative

- Case managers should be aware of the Employment First initiative and develop support plans with the initiative in mind. An excerpt from the Employment First initiative follows: *‘The State of Kansas will establish integrated, competitive employment as the first priority for working age people with developmental disabilities. This initiative will be called Employment First.’* Information about the Employment First initiative can be found at <http://www.srs.ks.gov/agency/css/Pages/DDWorkgroups.aspx>
- Individuals with MRDD who are in school, individuals transitioning from school, working age adults with disabilities, families, educators and providers will be made aware of options for integrated and competitive employment and related programs in a manner that is consistent with the recommendations of the initiative. Barriers to employment should be identified and addressed in support plans when appropriate.

Section 5: Positive Behavior Supports

Least Restrictive Environment

It is the policy of SRS/HCP to ensure that persons have access to services and supports, which allow opportunities to increase their independence, productivity and integration in the community. The established standards for care must ensure that the least restrictive and most appropriate service setting for the person is achieved.

If there is any restrictive intervention or psychotropic medication being used for or by the person, the person and support team have examined, determined and documented it to be the least restrictive intervention appropriate for this person.

Risk Assessments

Purpose

The purpose of a risk assessment is to assist individuals served and their guardians in understanding negative consequences of known choices the individual might make and which may involve risk to that individual. (K.A.R. 30-63-21 #4 A, B & C)

When a risk assessment is necessary

When previous interventions have been tried and fail, it may become necessary to restrict an individual's rights in order to protect their safety and/or the safety of others. The Case Manager shall describe to the individual and their team how his/her lifestyle choices may be limited because of imminent danger to the individual's health, safety or well being. (K.A.R.30-63-21 #5 A, B, C, & D)

Who should be included in a risk assessment?

All attempts must be made to include the person served and their guardian if applicable. However, if the person served or their guardian, if they have one, is unable or unwilling to

participate, a risk assessment must still be completed when a concern has been identified. If the person has a guardian, the guardian must approve the risk assessment in writing prior to the implementation of restrictive interventions. Restrictive interventions must also be approved by the Behavior Management Committee in accordance with the safeguards of K.A.R. 30-63-23. The risk assessment must also include input from the individual's support network.

While assessing risk, information can be obtained from these sources by informal/formal means (by phone, meetings etc.).

A risk assessment must include (K.A.R. 30-63-21 #5 A, B, C, & D):

A statement of the issue. – What is the questionable choice being made and why is it a concern.
History of decision making – Describe what has led up to the present risk assessment. This should include:

1. Incidents of the behavior or medical issue that is being addressed
2. The person's ability to learn from natural and negative consequences of poor decision making as shown by previous experiences.
3. It is important to state what has been tried in the past, and been unsuccessful.
 - When reviewing behavior related risk assessments, Behavior Management Committees will be reviewing whether or not there have been other interventions tried before imposing a restriction.
 - Possible long and short term consequences – A risk assessment should address what could happen if there is no intervention and the person makes a poor decision.
 - Possible long and short term effects of imposed limitations – State the effects that might result if the team limits the individual's lifestyle choices, and what will happen due to the imposed limitation. For instance, someone who is being restricted may become angry or feel disrespected because of a decrease in independence. Safeguard/supports discussion – State what supports and safeguards are in place to protect the person's safety and rights.

Overview of Positive Behavior Supports

Positive Behavior Supports is the integration of valued outcomes, behavior and biomedical science, validated procedures and system change to both enhance quality of life and minimize/prevent problem behaviors.

Experience has proven the person-centered support plan is the starting point and the foundation for all positive behavioral supports. Through the person-centered planning process, the person and their support team can begin to identify interests, strengths, preferences, communication methods, and support needs. It is critical for the people who are responsible for supporting the individual to also have detailed information about skills and limitations, such as level of ability with different tasks, physical limitations, how the individual responds in different situations, etc. This information should be incorporated into the person's daily routine and may prevent or greatly reduce the problematic behavior. Consideration of these preferences should always occur prior to the implementation of interventions that restrict the rights of the person. However, if the person continues to engage in a problematic behavior that involves imminent, significant danger to the person's health, safety, or welfare it may be necessary to develop positive

behavioral supports that include restrictive interventions. Although these types of support plans are often quite detailed and may be developed by an individual who has specific training in behavior analysis, they should compliment and be considered a part of the regular person-centered planning process.

Positive behavior supports encourages a person to learn and retain lasting behavior change. The focus changes from “managing” the behavior to “understanding the person and the function the behavior serves for the person.” A lifestyle change occurs because positive behavior supports are grounded in person-centered values that respect the dignity, preferences, and dreams of each person. More than a technology to reduce problematic behavior, positive behavioral supports focuses on treating all people, regardless of their level of ability or nature of their challenging behavior, with the same respect and dignity we hold for ourselves and focuses on outcomes that are important to the person. Positive behavioral supports facilitates opportunities, such as new or improved friendships, use of natural supports, improved social relationships and participation in community activities. The result fosters independence and productivity and allows the person further integration and inclusion in his or her natural community. TCMs work to provide opportunities for people to fully exercise their right to live and work in their chosen community.

Community normative behavior is an essential element to a person’s acceptance in their natural environment. Positive behavioral supports provide an increased opportunity for successful integration and inclusion of many persons with difficult behaviors. Some individuals may present behavioral problems due to medical and/or mental illness. Simultaneous to the implementation of positive behavioral supports, team members should seek thorough medical, neurological and/or psychiatric evaluations to determine other potential causes for the behavior.

Positive Behavior Support Plans

As noted in regulation 30-63-23, providers need to take proactive measures to ensure that there is positive behavioral programming, environmental modifications and accommodations in the person’s life.

Positive behavior support plans are utilized because a person is engaging in behavior which is interfering with their independence, causing disruption to their lives or the lives of others, and could be harmful to themselves or others.

The goal in behavior plans is to have strategies to reduce or eliminate the challenging or problematic behavior as well as to give staff some guidance in addressing the behaviors in a positive, least restrictive manner. It should be facilitated from a person centered perspective. What should be included in the plan?

Key Elements to Include in the Support Plan:

- Description of the behavior to change.
- Strategies of what has been tried in the past that been unsuccessful (or successful).
- What the person may be communicating with their behavior and its functionality.

- Antecedents or what occurs prior to the behavior, the frequency of the behavior, and in what setting it is occurring.
- Strategies for intervention including modifying the environment.
- Identifying how behavior will be tracked to determine if interventions are successful or revisions to the plan are required.
- Establishing periodic intervals for monitoring of the plan.

If a plan requires any restrictive measures including medication intervention, it must be reviewed by a Behavior Management Committee and have informed consent of the individual and/or guardian prior to its implementation. There must be appropriate planning efforts by the person's support team for removal of the restrictive measures as soon as feasible.

K.A.R. Provider regulation 30-63-23 (3) ABCD

Resources:

<http://www.nasponline.org> (National Association of School Psychologists)

<http://www.apbs.org> (Association of Positive Behavior Support)

<http://www.kipbs.org> (Kansas Institute for Positive Behavior Support)

<http://www.pbsKansas.org> (Positive Behavior Support Kansas Resource Center)

Psychotropic Medications

Psychotropic medications are prescription drugs used to stabilize or improve mood, treat a specific mental illness, or manage behavior. These medications work in the brain. Some psychotropic medications are designed specifically to treat mental illnesses- such as those drugs classified as antidepressants, anti-anxiety medications, and antipsychotic medications.

There are also medications that have more than one purpose, including use as a psychotropic medication. An example of this includes many anti-seizure drugs that are prescribed to control seizures in some persons, and for other persons are prescribed to treat a mood disorder. The purpose or reason a drug is prescribed determines if it is being used as a psychotropic medication or not.

Before a person starts taking a medication to manage behavior or treat a mental illness, there are some things they should know.

- Why are they taking the medication? Exactly what is this medication suppose to do?
- What are the benefits of taking the medication?
- What are the risks of taking the medication?
- What side effects could they have?

- Is this medication compatible with other medications they are taking?

Psychotropic medications, like other medications, are prescribed only by a physician or a health provider licensed to prescribe medications, i.e. Physician's Assistant or Advanced Registered Nurse Practitioner. The physician determines which psychotropic medication and what dosage will benefit the person. With input from the person and their support team, the doctor monitors how effective the medication is in reducing symptoms or improving function and makes adjustments in dosage. As a general rule it is best not to stop any psychotropic medication without getting specific directions how to do it from the prescribing physician.

Keep in mind that prescribing any medication is not an exact science. There is a lot of trial and error that goes with finding the right medication or combination of medications that will effectively treat a person. For the doctor to be able to successfully prescribe medication, he/she needs to know if there has been improvement, no change or worsening of symptoms based on consistent use of a medication over a specific time period. Any concerns or problems with psychotropic medications should be discussed with the prescribing doctor prior to making any changes. Most psychotropic medications take several days or weeks before the person actually experiences a change in how they feel.

As a case manager, you have an advocacy role when working with individuals who take psychotropic medications. There are several things incorporated in this role.

1. If the person does not read, you must help him/her learn about their new medications.
2. Encourage development of personal skills to deal with symptoms/behaviors, such as learning stress and anxiety reducing activities, problem solving skills, and coping skills. Document the effectiveness of these skills to change how the person feels or responds to certain circumstances.
3. Certain mental illnesses currently require life-long treatment with medication. Others are of a briefer duration. Either way, encourage, assist and support persons as they visit with their physician regarding continued use of psychotropic medications.

Our role as a case manager is to keep advocating for the reduction of psychotropic medications.

Kansas Institute for Positive Behavioral Supports (KIPBS) (only available for children)

The Kansas Institute for Positive Behavior Supports at the University of Kansas was established November, 2001 in collaboration with the Kansas Department of Social and Rehabilitation Services (SRS) to create statewide training for PBS and PCP. This system allows professionals in the fields of developmental disabilities, mental health, and child welfare to bill Medicaid for PBS and PCP services.

The mission of the Kansas Institute for Positive Behavior Support is to:

- Train professionals who will facilitate individual Positive Behavior Support (PBS) and Person Centered Planning (PCP) within their regions.

- Create a unified network of professionals who use systems change strategies to embed PBS and PCP processes into their organizations.
- Provide Kansans with access to a variety of online resources and materials free of charge
- Facilitate state-wide and organization-wide planning processes to increase the effectiveness of individual PBS and PCP plans.

For more information:

Dole Human Development Center
1000 Sunnyside Ave., Room 1028

Lawrence, KS 66045

Phone: 785-864-4096 (Monday – Friday 8:00 am – 5:00 pm)

Fax: 785-864-1264

Criminal Justice involvement (IJP)

Benefits of an Individual Justice Plan (IJP)

- IJPs are a proactive approach to discourage further involvement in the criminal justice system for both youth and adults.
- IJPs assist youth and adults with disabilities get the services they need and promote self-empowerment.
- IJPs provide for early identification of the offender's potential noncompliance with probation and parole plans.
- IJPs promote safety in the community by monitoring the offender's behavior and compliance with the IJP. If the team recognizes violations of the IJP, they have immediate access to the probation or parole officer.

Typical Profile

Often, youth and adults with cognitive impairments, such as mental retardation, significant learning disabilities, or traumatic brain injury, and individuals with mental illness are unknown to the mental health or social services system and may appear to function at a more independent level than is the case. They may at some point have contact with the criminal justice system. IJPS work best for offenders who want to change their behavior and will accept appropriate services.

The IJP's primary goal is to prevent incarceration of youth and adults with cognitive disabilities or mental illness by providing an inter-agency approach to the establishment of supports and services in the community. This assists individuals get proper services and reduces the possibility of re-incarceration. IJPs are conceptually similar to the Individual Education Plan (IEP) used in schools and the Individual Service Plans (ISP) used at community service provider organizations.

How Does an IJP Work?

Needs Assessment

A service provider or other interested individual must help the individual identify services

needed for community living. Areas to consider are: residential, vocational, education, financial, family, medical, psychiatric, psychological, social, recreational, transportation, and advocacy. For the IJP to work, the individual must understand the plan and actively participate in its development.

Interagency Team

After completing the needs assessment, the agencies involved with the individual should meet with the individual to decide what services they can provide. Agencies may include community mental health centers, community service provider, independent living center, court services, Probation and Parole Office, vocational rehabilitation services, and Income Support and Medical Services. Additionally, the individual's family, friends, employer, and clergy should also be included.

One agency participant should be designated to lead the team. The leader should chair the meetings, delegate responsibilities and document the meetings. This person is also the contact if the individual does not follow the plan or if a service provider cannot carry out the plan.

The team will decide how to carry out the plan. They must decide who will do each task, when the task will be completed and who will accomplish each task. The team must cover the individual's needs thoroughly. The IJP needs to be flexible as the individual's needs will change. Team members must communicate regularly after the plan is in effect. Agencies need to clarify philosophical differences. For example, a primary goal of the criminal justice system is to ensure the individual does not commit more crimes; whereas a primary goal of the human services system is to increase the individual's independence and decision making. Agencies must be aware of and discuss philosophical differences.

References:

Disability Rights Center of Kansas
635 S. W. Harrison Street, Suite 100
Topeka, KS 66603-3726
<http://www.drckansas.org>

Dual Diagnosis Explanation

In the developmental disability arena, dual diagnosis refers to an individual who has been diagnosed with a mental illness as well as a developmental disability. Mental illness is defined as severe disturbances in behavior, mood, thought processes and/or interpersonal relationships {DSM IV,1994}.

Developmental disability consistent with K.S.A.39-1803 (f) and (h), persons who are Kansas residents and who are mentally retarded or otherwise developmentally disabled are those whose condition presents extreme variation in capabilities from the general population, manifests in developmental years and results in the need for lifelong interdisciplinary services (**refer to eligibility section**). Individuals with psychiatric difficulties are common in this population. Estimates of 25-60 % have been cited in the literature.

A case manager's role in assisting individuals with a mental illness is to ensure that they have an accurate diagnosis and access to appropriate treatment. If a person hasn't been diagnosed, but it is suspected that mental illness is a factor in their behavior, then a referral to a mental health professional is essential. Treatment will vary depending upon the circumstances; however, it may entail a combination of medication and counseling. Case managers need to ensure that any medication used is closely monitored by the support team with accurate behavior documentation as well as by a mental health professional so that minimal medication is utilized.

MENTAL HEALTH SECTION

Resources:

<http://www.nimh.nih.gov> (National Institute of Mental Health)

<http://www.thenadd.org> (National Association for Persons with Developmental Disabilities and Mental Health Needs)

<http://www.ddmed.org> (Primary fact sheet on Dual Diagnosis of Adults with Mental Retardation and Developmental Disabilities, Richard Powers, MD in the Bureau of Geriatrics Psychiatry 2005)

<http://www.nami.org> (National Association of Mental Illness)

<http://www.keys.org> (Keys for Networking)

Substance Abuse

Risk factors increase the chances for substance abuse to adversely impact an individual's life. People with disabilities often have multiple risk factors. These risks include: medication and health problems, societal enabling, a lack of identification of potential problems, and a lack of accessible and appropriate prevention and treatment services.

Many persons with disabilities struggle with recurring substance abuse problems, frustrating efforts at rehabilitation, employment, and successful integration into society.

Kansas Department of Social and Rehabilitation Services has an Addictions and Preventions Services (AAPS) that promotes prevention and recovery in Kansas communities. By accessing their website www.srskansas.org/hcp/AAPSPublicHome.htm you can learn what programs are available, the assessment process and where you can go for treatment.

Parsons State Hospital

DDT&TS (Dual Diagnosis Treatment & Training Services)

As a service of Parsons State Hospital & Training Center the Dual Diagnosis Treatment & Training Services is a statewide resource for persons with a dual diagnosis of developmental disability and a mental health disorder. Behavioral analytic practices are applied to remediate problem behaviors exhibited by individuals who are dually diagnosed with a developmental disability and a mental health disorder.

DDT&TS offers both Outreach and Inpatient services.

Outreach personnel support providers and families anywhere in Kansas to effectively serve persons while they remain in their home communities.

Inpatient services provide short-term residential assessment and treatment to achieve

For more information:

http://www.pshtc.org/dd_tts.htm

Larned State Hospital

Larned State Hospital is owned and operated by the State of Kansas under the division of Social and Rehabilitation Services. LSH is the largest psychiatric facility in the state providing inpatient psychiatric care to adults, adolescents and children living in the western two-thirds of Kansas. For more information go to:

<http://www.srs.ks.gov/agency/LSH/Pages/default.aspx>

Kansas Neurological Institute

KNI functions as a resource to community agencies and people with intellectual disabilities throughout the state of Kansas. Adaptive technologies, mobility assistance, behavioral consultation, advocacy, and staff training are but a few of the of services KNI provides to the people of Kansas.

For more information go to:

<http://www.srs.ks.gov/agency/KNI/Pages/KNIServices.aspx>

Osawatomie State Hospital and Rainbow Mental Health Facility

Osawatomie State Hospital and Rainbow Mental Health Facility provide services to adults diagnosed with psychiatric disorders regardless of ability to pay or legal status. The hospitals serve individuals from 46 counties in Kansas through collaboration of services with 17 Community Mental Health Centers. These mental health centers refer individuals to the hospital through a screening process.

For more information go to:

<http://www.srs.ks.gov/agency/OSHandRMHF/Pages/OSHHistory.aspx>

Section 6: Children in Custody

The CDDO area where the child was taken into custody is always where the Medicaid case stays (unless the child is adopted and a request to transfer is completed) and will remain the Home County until the child is released from SRS custody. This is the CDDO that will make all funding decisions for the child. The TCM should check with the area CDDO and local SRS to see if the Medicaid Case will transfer to another SRS area if the child moves to another county

when released. This transfer doesn't always happen. Courtesy TCM can be provided wherever the child resides and doesn't have to remain in the home county. The Guardian Ad Litem is the attorney assigned to represent the child and the child's best interest. They are assigned by the court to the child. For further information: <http://www.kscourts.org/rules/Rule-Info.asp?r1=Rules+Relating+to+District+Courts&r2=227>

The Court Appointed Special Advocates (CASA) Worker is another type of advocate for the child. This worker doesn't have to be an attorney but still represents the child and the child's best interests. Court Service Officer (CSO) is the SRS Contractors contact to get documents to the Judge and to make sure court orders are followed out.

- **Types of Custody:**

- **Police Protective Custody / 72 hour Hold:**

- This is where the police are typically called in on an emergency call and decide to remove the children. From there the child(ren) can go to an emergency shelter or to an emergency Foster Family. Typically, children don't go to school and must wait for SRS CPS workers to determine if they will enter into SRS custody or return to the family home.

- **SRS Custody:**

- **SRS Worker vs. Contractors**

- Before privatization, SRS operated the foster care system. Private contractors now operate the foster care system, (i.e.: Youthville, TFI Family Services, St. Francis Community Services, etc). SRS continues to be responsible for child protective services. The SRS child protective services (CPS) worker investigates reports of child abuse and neglect, identifies and assists the family in obtaining family services and ultimately determines if removal of the child(ren) from the home is necessary. In the case of removal, SRS petitions the court for state custody with a Child in Need of Care Petition (CINC Petition). While in foster care, the custodial agency should apply for SSI for a child who has mental retardation or developmental disabilities. Eligibility could change if parental income is considered when the child returns home. When a child leaves SRS custody, it is necessary to reapply for Medicaid and re-determine if the child qualifies for SSI.

- **Parental Rights**

The case manager must know who has the right to make decisions for the child. To determine who makes decisions or signs paperwork for a child in state custody, the case manager should contact the child's SRS social worker for guidance. In some cases this might be the SRS Contractor and in other SRS areas it might be the SRS CPS worker. Parental Visitation Rights vary depending on Court Orders and can be found in the Foster Care Case Plan written by the SRS Contractor.

- **Case Plans / Permanency Plans**

Case Plans are written by the SRS contractor to achieve permanency for the child. They use the Court Orders to write goals for Permanency of the child(ren). Permanency Goals may include Reintegration, Adoption, Guardianship, and OPPLA (Other Planned Permanent Living Arrangement). Two permanency goals are almost always run concurrently. An example of OPPLA for a person served would be aging out of the foster care system and moving into adult services on the MR/DD Waiver. MR/DD TCM's should attend the Case Plans whenever possible to help coordinate services for the

child. For Further Details see 922 KAR 1:140. Foster care and adoption permanency services at <http://www.lrc.state.ky.us/kar/922/001/140.htm>.

Transition Plans are written at age 17 to help transition the youth from SRS custody as close to the 18th birthday as possible per state Guidelines. For further information see CFS (Children & Family Services) Policy and Procedure Manual 3214 Planning with Youth Prior to Release of Custody at <http://content.srs.ks.gov/cfs/robohelp/ppmgenerate/>

- **Services available while in SRS custody and/or Out of home placement**
MR/DD funding for services on the MR/DD Waiver are the same for youth in foster homes as for children that are not in SRS custody. No more than 2 unrelated children receiving Medicaid may be in a foster home for a child to receive In Home Supports. Special exceptions can be requested by DBHS by the Home CDDO if there are more than 2 children. (Children's Residential is only available for children in a voluntary out of home placement with no SRS involvement.) There is also funding for respite available through the SRS contractors for foster parents. People in SRS custody have their residential services funded by the foster care contractor/s, not the MRDD HCBS Waiver.
- **Juvenile Justice Authority Custody:**
 - Children in JJA Custody are wards of the Juvenile Justice Authority (JJA). Parental rights are generally not terminated, but the Intensive Supervision Officer (ISO) has authority to make decisions for the child.
- **Custody in Divorced Parents**
When working with divorced parents of a child ask the family for a copy of the court order that sets forth custody arrangements, rights for decision making, etc. Depending on how the court order is written, ensure that both parents have copies of all paperwork and are notified of all decisions, meetings, etc. Also, depending on how the court order is written, both parents may have to agree on all decisions before they can be implemented.
- **Types of Placement**
 - **PRTF(Psychiatric Rehabilitation Treatment Facility) / Youth Residential Care (YRC)**
PRTF's (Psychiatric Rehabilitation Treatment Facility) are Mental Health Facilities that children must be screened eligible for by the local Community Mental Health Center (CMHC). The child must have a Mental Illness (MI) Diagnosis. PRTF programs are designed to offer a short term, intense, focused treatment program to promote a successful return of the child or adolescent to the community. Specific outcomes of the mental health services include the resident returning to the family or to another less restrictive community living situation as soon as clinically possible and when treatment in a PRTF is no longer medically necessary. https://www.kansashealthsolutions.org/providers/index/clinical_forms

- YRC I and II's are step down placements from PRTF's. A Person Served must be screened eligible by the local CMHC and have MI Diagnosis. Staffing Patterns are different between the two level's of YRC's as YRC II's have more intense supervision.
https://www.kansashealthsolutions.org/providers/index/khs_faq
- **State Hospitals**
 - Parsons State Hospital (PSH) –Applications must be sent to the local CDDO and then once signed off on at the CDDO they are sent to Parsons. Persons Served must be accepted by Parsons and then wait for admissions. www.pshtc.org
 - KNI (Kansas Neurological Institute) – State Hospital serving MR/DD Policy on State Mental Retardation Hospital Admission is found at: <http://www.srs.ks.gov/agency/css/Pages/Developmental%20Disabilities%20Quality%20Assurance/DDWaiverPolicies.aspx>
 - Osawatomie State Hospital (OSH) – State Mental Health Hospital and persons served must be screened by local CMHC.
 - Larned State Hospital – State Mental Health Hospital where Persons Served must be screened eligible by local CMHC. Larned also has a jail side that clients can be sent to during jail stays if they have a MI diagnosis. The facility also has Long Term and Acute care sides to the facility.
- **Type of Foster Homes**
 - Treatment/Therapeutic Level is for children and adolescents who require the highest level of structure and close supervision due to serious emotional and/or behavioral difficulties. Training and support are provided to foster families more frequently.
 - Specialized is for youth who require a higher level of structure and may have additional needs outside the realm of a traditional foster home. (Medically Fragile, etc.)
 - Family Placement homes provide for a child's physical, emotional, and social needs over a temporary period of time until a permanent living situation can be established
 - Kinship Placement – a person/family member that has a previous relationship with the child
- **Emergency shelters**
 - If there is an emergency shelter in the community children are typically placed there first before going into a Foster care placement.
 - Sometimes the emergency shelters will provide Respite Foster Care Families.
 - Biological/adoptive families can sometime also private pay for Respite services at the emergency shelters.
- **Permanency**

There are different types of permanency in the state of Kansas.

 - Adoption – A child is still in SRS custody until the adoption is finalized by the court system. After permanency, the TCM should work with the local CDDO and

- SRS office to see if the Medicaid Case will transfer if the child is adopted outside of the home county.
- Chapter 59 Guardianship – A Chapter 59 Guardianship is filed in the probate court and is not permanent. An individual in need of a Guardian can be defined as any person who because of impairment (including minority), lacks an appropriate alternative for meeting their essential needs. Anyone can file a Verified Petition to remove the Guardian, or the Guardian himself can file a Verified Petition to be removed. Because of what it called the Parental Preference Doctrine, parents are able to file a Verified Petition at anytime and the Guardianship will be removed unless it can be proven that the parent(s) are unfit. <http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/59-3059.html>
 - Chapter 38 Guardianship -- It is the intent of the legislature to provide a means to recruit volunteers to serve as court appointed guardians or conservators, or both, of adults who are found by the court to be in need of this level of protection. The goal of the program is to provide that qualified, caring, willing and trained persons are available throughout the state to serve as court appointed guardians or conservators, or both, for those eligible disabled persons in need of this level of protection and advocacy, and for non-adjudicated persons who elect to have a voluntary conservator and who do not have family members capable of or willing to assume such responsibilities. <http://www.kslegislature.org/legsrv-statutes/getStatute.do?number=33910>
 - OPPLA – When a person served will not have a guardian before the age of 18 and will just go straight from the foster care system into, a place of their own, a supported living arrangement or an Adult MR/DD Group Home. http://www.srskansas.org/CFS/policydraftjan2010/venue/3214_3231_3232.pdf

Section 7: School

- **Educational Advocates**
Educational Advocate Training goes through Families Together in the State of Kansas. This training is also open to foster parents and biological/adoptive parents and is free. For children in SRS custody the Educational Advocates are appointed by the SRS contractor and many times are the foster parent but they don't have to be. Also for children in SRS custody the SRS Contractors cannot sign the school documents. The biological/adoptive parents must still sign documents unless their rights have been terminated. TCM's can also take this training to help gain an understanding of information on IEP's. <http://www.familiestogetherinc.org/advocateprogram.html>
- Special education services must be provided in the Least Restrictive Environment (LRE) meaning the educational placement in which, to the maximum extent appropriate, students with disabilities are educated with students who are not disabled.
- Special education and related services are provided at no cost to the parents.
- **Parent Rights/ Appeal Process**

- Parents have the right to appeal an IEP or a school decision if they do not agree with that decision. The TCM can help with that appeal process and provide further information to the school with the parents' permission to assist with school services. Each state has their own regulations for what parents can do for appeals and what their rights are for each IEP. The following website explains the state of Kansas process.
<http://www.ksde.org/Default.aspx?tabid=3152>
- **Teen Transitions to Adult services**
 Transition planning focuses attention on how the student's educational program can be planned to help the student make a successful transition to their goals for life after high school. The PCSP should also play an integral part in this and can use collaborative information between both teams to create the best plans.

At the age of 14, or earlier if appropriate, the IEP/PCSP team is required to look at the future, post high school plans of the student and set a course of study with appropriate goals and objectives to enhance the student's skills for success, all based on the student's preferences and interests. Actual transition services are provided in a wide range of areas, including assigning other interagency responsibilities and needed linkages as part of the IEP goals.

At least one year prior to reaching the age of 18, the school must ensure that the student and parents have been informed that the rights of majority will transfer to the student upon reaching the 18th birthday.

The transition team core key members are the parents and the student. The student must be involved in the meeting. However, if they are unable to attend, the school must take other steps to ensure the student's preferences and interests are considered in the plan. Other members would include the special and regular education teachers, administrative representative, related support services providers and others as appropriate. In addition, representatives that provide post-high school services should be involved, depending on the future needs of the student. This could include representatives from Vocational Rehabilitation (referrals can be made to VR within 18 months of graduation), Independent Living Centers, community MR/DD service providers, case manager, vocational or post secondary education, community recreation programs, self-advocacy groups, present or potential employers, mental health service providers, etc., any agency that may be able to provide services to the student before leaving high school as well as in the future.

As a case manager for MR/DD services, some of the responsibilities as a transition team member are to educate the team about options of agencies to provide Adult services and what services they provide and the funding options that go along with those services. This may include setting up tours of those Agencies. TCM's should also attempt to integrate the school IEP transition plan with the PCSP transition plan so that the documents work cohesively. The TCM should also assist with referrals to community resources for guardianship, SSI, Medicaid, and any other services that may benefit the student.

As the Transition Plans are developed, designated agencies commit to various responsibilities

as part of the transition process both while the student is in school as well as after graduation. If, during the implementation of the transition plan, any agency is unable to fulfill their responsibilities, the team must reconvene to identify alternative strategies. The responsibility cannot be reassigned to another agency without the agency's approval and commitment. The Transition Plans can be changed at any time, as needed to meet the needs of the student.

- **IDEA** – Outlines educational guidelines for children ages 3 through 21 within the school systems in Kansas.
- <http://idea.ed.gov/>
- <http://www.knea.org/qualityschools/idea.html>
- **IEP's and IFSP's**

An IEP is required for students ages 3 through 21 with exceptionalities who need special education services. The IEP is both a process and document. As a document, the IEP is a written statement of the educational program designed to meet the individual needs of the student. It is a blueprint that guides the student's day to day instruction, supports and related services. As a process, the IEP meeting brings together people who work with the student to set goals, resolve challenges and develop a plan for the student's education. The IEP has two general purposes: 1) to set goals for the student; and 2) to state the services that the school district will provide for the student.

The meeting to develop a student's first IEP must be held within 30 calendar days after the student is determined eligible for special education services. Thereafter, the IEP must be reviewed at least annually to review the student's progress, develop new goals and objectives and determine if changes need to be made to the special education and related services currently received by the student. In addition, a parent or other member of the IEP team may ask for an IEP meeting any time during the year. The IEP team must consist of the parent, student when appropriate, at least one of the student's special education and regular education teachers, a representative of the school who is qualified to supervise the specially designed plan, knows the curriculum and the school's resources and any members of the evaluation team to interpret instructional implications of the evaluations and others as appropriate. With parental consent, additional IEP members may include; advocates or relatives invited by the parent or student, case manager, other people who work with the student such as a job coach, bus driver, para-professional, school nurse, etc. If it is a transition IEP, other community service provider agencies will be invited also. (It is a good idea to let the school know who is coming to the IEP meeting, in advance.)

An Individualized Family Service Plan (IFSP) is written for children with exceptionalities, birth to 3 years of age. For children 3 through 5 years of age, an IFSP may be used instead of an IEP, if the student's team is in agreement. When the child turns 3 years of age and is still in need of special education supports, they would transition to a preschool program for children with disabilities.

It is very appropriate to incorporate the PCSP – both process and document – with the IEP or IFSP discussed above. Sometimes this works very well and is a natural, efficient approach to combining both sets of issues/needs. However, if that does not work for any reason, the case manager should help ensure that a separate PCSP – which may incorporate provisions of an existing IEP/IFSP – is developed and implemented.

- <http://www.familiestogetherinc.org/PDF%20FILES/IEPDev.pdf>
- **Non-Public School's**
 - Home Schooling is an option for special needs children in Kansas. Please see the following link for details on how to home school and the requirements.
<http://www.ksde.org/Default.aspx?tabid=1688>
 - Catholic Schools also follow IEP's and the public school is required to provide transportation for the Therapies at the school during the school day.
 - Specialty School (Heartspring, Pollard-Licklyder) – Do not accept Medicaid payments. Set up and advertised to meet specific needs of a child with developmental disabilities
- **Categorical Labels:**
 - CD – Cognitive Disability
 - EBD (Formerly ED) – Emotional Behavioral Disability
 - OHI – Other Health Impairment
 - OI – Orthopedic Impairment
 - SDD – Significant Developmental Disability
 - SLD (Formerly LD) – Specific Learning Disability
 - EMH/EMR – Educable Mentally Handicapped/Retarded
 - HI – Hearing Impaired
 - MR – Mental Retardation (MMR = Mild MR) (Mod MR = Moderate MR)
 - TMH/TMR – Trainable Mentally Handicapped/Retarded
 - VI – Visual Impairment
 - Day Schools – special therapeutic environments for students needing highly structured school programs

Infant Toddler Services

Birth to 3 services, home based and called *tiny-k / Part C* in Kansas

Early intervention services that are available to eligible children and their families (based on needs) include: speech, occupational and physical therapies, audiology, special instruction, family training, assistive technology, social work, vision, psychological, and nutrition services. There are also specific types of medical, health, nursing and transportation services available. A family service coordinator is available to assist families with the evaluation and eligibility determination, IFSP (Individual Family Service Plan) development and service provision, including assistance to ease the transition to Part B Special Education Services when the child reaches age 3.

- <http://tiny-k.org/index.html>
- Transitions at age 3 go to Part B with the public school under IDEA
- **Transportation**
Is required under IDEA Part B for School.
http://www.pluk.org/Pubs/Fed/IDEA_Transportation_606K.pdf

EXTENDED SCHOOL YEAR (ESY) IS:

- Based only on the individual student's specific skills critical to his/her overall educational progress as determined by the IEP committee.

- Designed to maintain student mastery of critical skills and objectives represented on the IEP and achieved during the regular school year.
- Designed to maintain a reasonable readiness to begin the next year.
- Based on multi-criteria and not solely on regression.
- Considered as a strategy for minimizing the regression of skill, thus shortening the time needed to gain back the same level of skill proficiency that existed at the end of the school year.
- Deliverable in a variety of environments and structures such as:
 - (a) Home with the parent teaching, and staff consulting
 - (b) School based
 - (c) School based with community activities
 - (d) Related services alone or in tandem with the above.

EXTENDED SCHOOL YEAR (ESY) IS NOT:

- It is not a mandated 12-months service for all students with disabilities.
 - It is not required for the convenience of the school or parents and, therefore, cannot serve as a day care or respite care service.
It is not required or intended to maximize educational opportunities for any student with disabilities.
 - It is not necessary to continue instruction on all of the previous year's IEP goals during the ESY period; rather, the focus should be on those specific, critical skills where regression, due to an extended vacation period, may occur.
 - It is not to be considered to help students with disabilities advance in relation to their peers.
 - It is not for those students with disabilities who exhibit regression, which is solely related to medical problems resulting in degeneration, or transitional life situations such as divorce or death of a family member. This type of regression is not due to the interruption of summer vacation.
 - It is not required solely when a child fails to achieve IEP goals and objectives during the school year.
 - It is not to provide a child with education beyond that is prescribed in his/her IEP goals and objectives.
- ESY information from: http://www.wrightslaw.com/info/esy_standards_barlev.htm

Section 8: Health, Aging and End of Life Issues

The role of the case manager as it relates to health care for individuals served is primarily concerned with making sure that the individual is able to access health care when needed and that they are doing this either on their own or with the help of a designated health care coordinator. In some instances, the Case Manager may provide some of the following:

1. Refer the individual served and the team (as it relates to the individual served) to any health care professionals or provide health related information
2. Upon request from the individual served, accompany them to a medical related appointment to provide valuable information to the health care professional and to interpret their findings back to the individual served.
3. Provide information in the Person Centered Support Plan indicating any health related support that the individual may require in order to live their preferred life style.

Designated Health Care Coordinator

The case manager needs to make sure that the role of a Designated Health Care Coordinator (DHCC) is identified and documented in the Person Centered Support Plan. This DHCC can be the individual served, guardian/family member, or the residential provider, but it is important that it is documented and all support team members are aware of who to call in the event of a health care need for the individual served.

Pregnancy/Parenting related issues

When a consumer becomes pregnant, the case manager's role should be that of an organizer. The case manager should not feel they are the sole responsible party to assist the consumer during this time. The case manager should ensure information about parenting is available and ensure the client has the support needed during pregnancy and after birth. Supports can come in the form of arranging for parenting classes, following up on doctor's appointments, etc.

Hospice

MEDICAID Definitions HOSPICE (<https://www.kmap-state-ks.us>)

Hospice care provides an integrated program of appropriate hospital and home care for the terminally ill patient. It is a physician directed, nurse coordinated, and interdisciplinary team approach to patient care which is available 24 hours a day, seven days a week. A hospice provides personal and supportive medical care for terminally ill individuals and supportive care to their families. Emphasis is on home care with inpatient beds serving as backup for the Home Care Program. Central to the hospice philosophy is self-determination by the patient in medical treatment and manner of death.

A Hospice agency is public or private organizations primarily engaged in providing care to people that have a certified medical prognosis with a life expectancy of six months or less.

Hospice services shall be available to Kansas Medical Assistance Program beneficiaries who:

- Have been certified terminally ill by the medical director of the hospice or the physician member of the hospice interdisciplinary team; and
- Have been certified terminally ill by the beneficiary's attending physician.
- Have filed an election statement with a hospice which meets Medicare conditions of participation for hospices.

There are a number of forms which must be kept on file at the Hospice site which is the responsibility of the Hospice provider.

Case Management services can be billed to Medicaid during the time an individual is under Hospice care.

Pre-Admission Screening and Resident Review (PASRR) and the Nursing Home Survey Process

PASRR

(Pre-Admission Screen and Resident Review)

The Pre-Admission Screen and Resident Review (PASRR) process is designed to ensure that people living in nursing facilities (NF) who are also affected by mental illness and/or developmental disability receive federally required evaluations. This is performed by the Area Agency on Aging (AAA) in the agency's area. If there shows a need for the next step to take place the AAA will request a Level II evaluation.

The second step is referred to as Level II evaluations, these are required to determine the individual's service needs, to ensure that Nursing Facility care is warranted, and if such care is appropriate, to identify any special service needs for the individual.

The Level II screens are required by federal law to be performed prior to admission (Preadmission Screen) and promptly following any significant changes in a resident's status (Resident Review).

General Provider Contact Info

www.aging.state.ks.us and then click on Manuals then there will be a link to Care Level I and Care Level II Manual. Click

Nursing Home

- Temporary stay for an individual 18 years of age and older is the month of entrance and the following two months.
 - Temporary stay for a child 17 years of age or younger is 30 days.
- If a stay is defined as temporary, the SRS Eligibility worker can approve dual payment for HCBS and Nursing Home services. If an individual enters a hospital for a temporary stay, payment for HCBS services will continue to be approved. Once they have exceeded the temporary stay time period, the SRS Eligibility worker closes the HCBS case, ends HCBS payment and looks at eligibility for other medical programs.
- If the person served enters a nursing home. The nursing home states on their form it is a long term stay. The casemanager states it is a temporary stay.
- The SRS eligibility worker should contact the HCBS casemanager to sort out what is happening. The nursing home may not be aware of the community based services.

DNR/End of Life Issues

Occasionally, someone you support faces issues that raise end of life decisions – such as a

terminal illness or other medical condition. Sometimes the person you support or their guardian or parent even present a "DNR" (do not resuscitate) directive. It is important that you consider the circumstances broadly, and that service provider staff not be automatically responsive to such DNR directives.

One of the specific limitations on the power of a guardian, set out in K.S.A. 59-3018(g)(4) is that the guardian cannot "consent on behalf of the ward to the withholding of life-saving medical procedures, except in accordance with the provisions of K.S.A. 65-28,101 through 65-28,109".

That exception involves what is called the "Natural Death Act," which relates to medical procedures that serve only to prolong the dying process, involves decisions made between the person and his/her attending physician, and provides immunity from civil or criminal liability for any "physician, licensed health care professional, medical care facility or employee thereof who in good faith and pursuant to reasonable medical standards causes or participates in the withholding or withdrawing of life-sustaining procedures from a qualified patient pursuant to a declaration made in accordance with this act." (K.S.A. 65-28,106)

A "DNR" directive, as defined in K.S.A. 65-4941, involves specific decisions about specific medical care, and provides immunity from liability for health care providers. The immunity language at K.S.A. 65-4944 is as follows: "No health care provider who in good faith causes or participates in the withholding or withdrawing of cardiopulmonary resuscitation pursuant to a 'do not resuscitate' order or directive or the presence of a DNR identifier shall be subject to any civil liability nor shall such health care provider be guilty of a crime or an act of unprofessional conduct."

****(Placeholder for SRS policy/guidance on DNR once revision is finalized)

So, what do you do in these difficult situations?

Explore available resources to support the person and his/her supporters, including provider nurses, natural supports, and Hospice services.

Help the people involved in the situation know and honor the ground rules.

Anticipate and plan – meet these issues head on. It is essential – for the person's interest, for the comfort and protection of support staff, for the peace of mind of the person and family – that no one be put in a situation of facing end of life decisions without a clear understanding of what steps he/she should take.

WHAT IS THE DIFFERENCE BETWEEN A DNR ORDER AND A DNR DIRECTIVE?

A **DNR Order** is an order written by a physician when someone is terminally ill, extremely frail or suffers from a medical condition in which cardio-pulmonary resuscitation could worsen the state or harm the patient. Physicians may write an ORDER to be placed in the patient's medical chart or retained by the patient advising against the use of CPR. These orders are referred to as Do Not Resuscitate Orders.

A **DNR Directive** is a signed statement made solely by the declarant (patient). It is referred to as a DIRECTIVE because it is directed by the individual (declarant) and affirmed by the physician.

WHO CAN SIGN A DNR DIRECTIVE?

Only a patient (referred to as “declarant” in Kansas law) possessing decisional capacity may sign a Directive. Currently no statutory authority for anyone other than a declarant exists to make a DNR Directive.

WHAT SHOULD BE DONE IF A DNR DIRECTIVE SIGNED BY SOMEONE OTHER THAN THE DECLARANT EXISTS IN A RESIDENCE OR PATIENT’S RECORD?

If the patient has capacity, a new directive should be signed by the declarant and replace the existing document. Persons responsible for the care of the incapacitated patient or resident should seek a DNR ORDER from a physician to replace the existing directive. Upon receipt of the Order, it should substituted for the existing Directive.

HOW DOES SOMEONE OBTAIN A PHYSICIAN’S DNR ORDER ON BEHALF OF ANOTHER?

Appointed agents, guardians, family members and responsible caregiver(s) should communicate with the physician (in collaboration with the healthcare team) to obtain a written DNR order. If the patient has a court-appointed guardian, Kansas law also requires court approval.

Agreement should be reached among the family and care providers about current medical condition, diagnosis, prognosis, the patient’s prior expressed wishes, treatment alternatives and goals of care. The physician’s signature on the DNR order confirms the family’s concurrence.

Do DNR Orders and Directives expire or need to be renewed? Can they transfer to any setting? Neither a DNR Order nor DNR Directive expires or needs to be renewed. The patient/declarant however, may revoke either the Order or Directive at any time.

Physician DNR Orders may transfer to any setting. Although DNR directives are designed to be used outside a medical setting, the directive should be used in all settings to communicate a patient’s wishes.

Where can I find the specific statutes governing this issue?

The Kansas statutes may be retrieved online at: www.kslegislature.org/statutes. Specific KSA citations are

Do not resuscitate orders or directives, definitions (65-4941); **form** (65-4942); and **requirements** (65-4943).

Kansas Health Ethics, Inc.
5900 E. Central, Suite 101
Wichita, KS 67208-4240

Employees of community service providers should always be knowledgeable of the employers’ policies about DNR orders and directives and follow the policies.

Funeral Planning

If the funeral/burial plan is pre-planned the person can pay on it as long as the entire amount is used on the funeral/burial other wise the funds will go back to the state.

The client can also set up an irrevocable trust. However the client must sign the state as the beneficiary.

It is recommended that you consult Social Rehabilitation Service workers when starting a plan with a client.

http://www.srskansas.org/KEESM/Policy_Memo/02-10-02revised.html

Excess Funeral Funds result when the value of a prepaid funeral agreement exceeds the actual amount used for the funeral/burial. State law permits a family member of the decedent to alter any prearranged funeral or burial agreement at the time of need. Even when an irrevocable plan exists, the final arrangements may be changed by a family member. Because of this flexibility within the law, it is quite common for funeral arrangements to be altered. If less expensive arrangements result, excess funds become available. Such funds must be turned over to the Estate Recovery Unit (ERU) within SRS if the individual was a medical assistance recipient or the spouse of a former recipient and proper notification procedures were followed. This is true for plans funded through a financial institution, life insurance or burial insurance policy.

- A. **Background:** The Estate Recovery program was established to recover the cost of medical expenses from the estates of certain medical assistance recipients. The process generally requires the agency to file a probate action against an individual's estate to recover any monies. To establish the amount of potential recovery, staff in the Estate Recovery Unit (ERU) will total all paid medical assistance claims for the appropriate time frame. This is the amount of the Estate Recovery Claim. Information on the potential estate is collected from KAECSSES, the eligibility worker and a questionnaire completed by a knowledgeable family member of the decedent detailing current resources. Both the potential size of the estate and the amount of paid medical assistance claims are evaluated to determine if it is cost effective to begin probate action. The agency has six months for the date of death to make that determination.

NOTE: Senate Bill 272, passed by the 2004 Kansas Legislature, established an expanded definition of the estate for Estate Recovery purposes. This information will be addressed in a separate policy communication.

State law requires certain resources owned by the beneficiary at the time of death to be remitted directly to ERU. Examples of these resources include personal needs accounts at nursing facilities and state hospitals; bank, savings and loan, and credit union accounts; and excess funds held in a prearranged burial agreement. Funds remaining in these accounts are available to SRS upon notification from ERU. If there is no valid medical assistance claim or estate recovery is not applicable to the individual, any funds remitted to ERU are refunded to the family.

- B. **Notification Requirements:** As noted above, financial institutions and insurance companies are required to turn over funds remaining in a prepaid burial arrangement after the funeral obligations are satisfied to SRS if proper notification has been issued informing of the possible existence of a medical assistance claim. House Bill 2781 passed by 2004 Kansas Legislature, further defines reporting requirements to specifically indicate the financial institution, life insurance company or other entity actually holding the funds for the prearranged burial plan must also be notified. To meet this requirement the following procedure has been established:
1. An informational notice shall be sent to all MS/SI applicants stating the reporting requirements regarding the individual's status as a medical assistance recipient as well as the requirements regarding estate recovery. The V304, Funeral Agreement Information, may be used for this purpose.
 2. Upon approval of medical assistance, a notice shall be issued to the funeral home holding the prearranged funeral package. The notice will serve as notification of the potential estate recovery claim. Because the report of Medicaid recipient status directly impacts the administration of the Medicaid program, this limited information may be released to the funeral home. However, no additional, specific information may be shared with the funeral home, other than the fact the individual is a medical assistance recipient. The I012, Funeral Agreement Referral, may be used for this purpose.
 3. The funeral home shall notify the bank, savings and loan, credit union, insurance company or other entity holding the prepaid funds of the potential existence of a medical assistance claim.

For ongoing recipients with prepaid burial agreements, it is highly recommended that notification be issued to the funeral home at the next annual review, if prior notice has not already been given.

- C. **Estate Recovery Responsibilities:** All recovery activity continues to be the responsibility of ERU. Because of this, inquiries regarding this process shall be directed to ERU. Funeral homes, life insurance companies, banks or other individuals inquiring on the existence of a claim, may contact ERU for additional information or documentation.

Prepaid Funeral Agreements Funded by Insurance or Annuity: Prearranged plans exceeding \$1500 in value funded through the anticipated proceeds from a life insurance or annuity are considered exempt if one of the following conditions:

1. Ownership of the policy has been turned over to the funeral home. This policy is not intended to require or encourage ownership of the policy be given to the funeral home. Transfer of ownership is an acceptable option to accomplish the assignment, however.
2. The policy has been irrevocably assigned to the funeral home under an agreement which specifically states any excess policy proceeds will be paid to SRS. The form, Irrevocable Assignment of Benefits of Life Insurance/Annuity, may be used for this purpose. Alternate forms or documents executing an irrevocable assignment must be reviewed.
3. Irrevocably assigned policies which provide for excess funds to be paid out to a beneficiary other than SRS or the funeral home are not considered fully assigned and therefore, not exempt under the burial plan provisions. A company which refuses to modify a standard assignment document to meet these requirements shall be referred to Central Office.

Loss of Life / Death reporting to CDDO, SRS and Social Security

Case managers are required to report deaths to the CDDO. The CDDO is required to report the death to SRS per the policy and protocols below. If a TCM considers a death to be suspicious, they should make a report to Adult Protective Services and law enforcement.

Policy

<http://www.srs.ks.gov/agency/css/Documents/DD%20Waiver/DeathReports.pdf>

Report Instructions:

<http://www.srs.ks.gov/agency/css/Documents/DD%20Waiver/DeathReports.pdf>

Section 9: Protective Services and Legal Issues

Abuse, Neglect and Exploitation

The State of Kansas has enacted laws to protect children and vulnerable adults from abuse, neglect and exploitation (ANE). Social and Rehabilitation Services (SRS) is responsible to investigate reports and has two separate divisions - Child Protective Services (CPS) and Adult Protective Services (APS).

Child Protective Services and Child Abuse Investigations

Kansas Child Abuse law recognizes physical injury, physical neglect, emotional injury, sexual exploitation and sexual abuse.

When a report of abuse or neglect is made to SRS, an initial assessment is completed to determine if SRS should become involved. If the report meets the criteria for SRS involvement, it is investigated by a social worker or special investigator. Law enforcement may also investigate if the social worker is not available or a joint investigation is warranted. If it is determined that a child's safety is at risk, then a recommendation is made by SRS or law enforcement to the court regarding the necessary action that should be taken. The court is

ultimately responsible for the decision to remove a child from the home. This may require placing the child in foster care or with a relative. When making a recommendation to remove a child, SRS must weigh the emotional harm of being removed from the home, with the likelihood of harm if the child remains in the home.

Child Protective Services (CPS) may also be provided in non-abuse or neglect situations, without proper parental care and control, truancy, and runaways. Investigations often result in families being referred to services such as family preservation, foster care, or other services available in the community.

Definitions of Child Abuse

Physical abuse means the infliction of injury on a child by intentional or non-accidental actions or inactions.

Sexual abuse is any act used for the sexual stimulation of the child, perpetrator or another person, such as indecent exposure, or improper touching to penetration (sexual intercourse) that is carried out with a child. Sexual abuse may be committed by a person under the age of 18 when that person is either much older than the victim or when the abuser is in a position of power or control over the child, or uses force or coercion.

Sexual Exploitation is the employing, using, persuading, inducing, enticing or coercing a child under the age of 16 years to engage in sexually explicit conduct for the purpose of promoting any performance.

Emotional Abuse or maltreatment is the consistent, chronic behavior by a parent or caregiver that has a harmful effect on the child. It involves a pattern of attitudes or acts that are detrimental to the child's development and seriously impairs the child's social, emotional or intellectual functioning.

Physical Neglect is the failure or inattention on the part of the caregiver or parent, to provide for the child's basic needs such as food, clothing, shelter, medical care and supervision that results in harm to a child.

Child Abuse Report Guide/ Safety Intervention System

In consultation with the National Resource Center for Child Protective Services, SRS Children and Family Services is implementing a Safety Intervention System. Collection information standards have been developed to focus on safety.

When reporting concerns of child abuse and neglect, additional questions will be asked during intake interviews. The purpose of asking additional questions is to gather important information about families in Six Domains of Family Life for Safety Assessment:

- Extent of situation
- Circumstances/conditions surrounding the situation
- Child functioning
- Discipline approaches and typical context
- General Parenting Practices

- Caregiver functioning

The gathering of information will begin when the agency receives the report, and will continue throughout any additional contacts regarding a family. Information gathered in these domains will provide pertinent and sufficient information to address safety throughout the life of the case. SRS will have a comprehensive understanding of the family's functioning, resulting in an enhanced ability to complete comprehensive risk and safety assessments, and safety decisions for children and families.

If you suspect a child is being abused or neglected in Kansas, please contact the Kansas Protection Report Center (PRC) at: 1-800-922-5330

There are two PRC's in Kansas. One in Wichita and one in Topeka. They receive calls and forward them on to the appropriate region. The PRC's cannot determine if someone is receiving waiver services, so it should be noted in the content of the report that the person is disabled and receiving waiver services if you know that information.

It is also important to make sure the Community Supports and Services Quality Management Specialist (CSS/QMS) and the Community Developmental Disability Organization (CDDO) is notified that a report has been made.

Telephone lines at the PRC are staffed 24 hours a day 7 days a week. Every call is taken seriously and every effort will be made to protect your identity. In the event of an emergency or criminal actions contact your local law enforcement or call 911.

Further information about SRS Children and Family Services is available at:
<http://www.srskansas.org/CFS/>

Adult Protective Services and Adult Abuse

Adults at risk are persons 18 years or older who are unable to protect their own interest and who are harmed or threatened with harm whether financial, mental, or physical in nature, through action or inaction by themselves or others. Typically, this includes individuals who are elderly; physically disabled; mentally ill; or developmentally disabled.

Adult Abuse Neglect and Exploitation Definitions

Abuse means any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult, including:

Infliction of physical or mental injury; sexual abuse; unreasonable use of physical or chemical restraint, isolation or medication; threat or menacing conduct; fiduciary abuse; and omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.

Physical Abuse means any action that causes a person to have physical pain or injury and includes but is not limited to being hit, pushed, pinched, bitten, slapped or kicked.

Sexual Abuse

Includes but is not limited to rape, any unwanted sexual contact that is forced, tricked, threatened, or otherwise coerced upon another person and includes sexual harassment.

Verbal / Emotional Abuse

Any threat or menacing conduct that results or may reasonably be expected to result in fear or emotional or mental distress to an adult.

Verbal Abuse refers to any degrading, dehumanizing, menacing, or threatening communication used against a person. Verbal abuse refers to oral, written, gestured or technologically-produced communication within the person's hearing or viewing distance regardless of the person's age or ability to comprehend.

Neglect

Failure or omission by one's self, caretaker or another person with duty to supply or provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

If person served is harmed by another person served, or repeated incidents are causing harm to a person served, the incident(s) is considered neglect by SRS when it is reasonable to expect the incident(s) could have been avoided by the person/agency responsible for providing care, services, or supervision.

Self-neglect refers to one's inability to understand the consequences of his/her actions or inaction which leads or may lead to harm or endangerment to him or herself or other persons.

Abandonment is the desertion or willful forsaking of an elderly person or the withdrawal or neglect of duties and obligations owed a dependent adult by a caretaker or other person.

Exploitation

Misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

The misuse of property or taking unfair advantage of a person's money or physical resources and using them for your own gain.

Fiduciary Abuse

A situation in which a person who is the caretaker of, or who stands in a position of trust to an adult takes, secretes, or appropriates their money or property for any use or purpose not in the due and lawful execution of the adult's trust or benefit.

Responsibilities of the TCM.

- It is the TCM's responsibility to protect individuals from further harm, by coordinating and assisting in accessing the needed supports and services.
- It is the TCM's responsibility to report suspected abuse, neglect and exploitation of both children and adults to SRS immediately.
- The TCM is required to cooperate with any SRS investigation.
- The TCM is a mandatory reporter and as such cannot be held criminally or civilly liable for any involvement with reports made in good faith.
- Agencies cannot hinder or prohibit reports to SRS. Additionally, agencies cannot take adverse action against employees who make a report in good faith.
- The penalty for failure to report suspected abuse, neglect and exploitation is a Class B misdemeanor which is punishable up to 6 months in jail and/or up to a \$15,000 fine. In addition, systemic failure to immediately report could negatively impact the TCM's license to provide services.
- Failure by the TCM to report may also be reported to SRS and investigated as neglect.
- The TCM must notify the designated CDDO and Quality Management Specialist of the allegation and what steps were taken to protect the individual from further harm.

In Addition

- Occasionally staff will consult with the TCM prior to making a report. It is not the TCM's responsibility to screen allegations and the TCM should encourage anyone to report all suspected abuse, neglect or exploitation to SRS immediately.
- It is not the responsibility of the TCM to diagnose or confirm suspected abuse, neglect or exploitation. It is not the responsibility of the TCM to determine guilt or innocence.

Other TCM Considerations

You should provide education/information to people you serve and their support network about letting you know if they have a situation involving ANE and/or if they have reported an instance of ANE.

You should advocate for people you serve if they get reported as a perpetrator of alleged ANE. Remember that the purpose of the ANE process is to address instances in which people who have taken the responsibility for caregiving do not adequately meet and/or abuse that responsibility.

Reporting

Kansas law (KSA-39-1431) requires persons in specific professions to report suspected abuse, neglect, exploitation or fiduciary abuse of adults residing in the community to the Department of Social and Rehabilitation Services immediately. Failure to report by mandated reporters is a class B misdemeanor. Any other person who suspects abuse, neglect, exploitation or fiduciary abuse may also report.

How to make a report

Follow your agency's written policy on reporting.

If you suspect ANE, contact the Kansas Protection Reporting Center (1-800-922-5330)

There are two PRC's in Kansas. One in Wichita and one in Topeka. They receive calls and forward them on to the appropriate region. The PRC's cannot determine if someone is receiving waiver services, so it should be noted in the content of the report that the person is disabled and receiving waiver services if you know that information.

It is also important to make sure the Community Supports and Services Quality Management Specialist (CSS/QMS) and the Community Developmental Disability Organization (CDDO) is notified that a report has been made.

Telephone lines at the PRC are staffed 24 hours a day 7 days a week. Every call is taken seriously and every effort will be made to protect your identity. In the event of an emergency or criminal actions, contact your local law enforcement or call 911.

Call the Medicaid Fraud hotline at 1-800-432-9313 to report misuse or abuse of Medicaid funds.

Call the Social Security Administration Hotline at 1-800-368-5779 to report misuse or abuse of SS funds.

YOU MAY REPORT ANONYMOUSLY. The names of persons who report suspected ANE are confidential and cannot be disclosed without the written consent of the person making the report or through a court order.

What to Report

1. Name and location of the person who is alleged to be abused, neglected, exploited or fiducially abused.
2. Information regarding the nature of the ANE, including:
 - What the person saw
 - Why the reporter considers it to be ANE
 - Whether the reporter considers the person to be in immediate danger
 - Any information which might be helpful in the investigation and protection of the adult.
 - Specific addresses and/or phone numbers, if known, for caretakers, next of kin, collateral contacts, and alleged perpetrators.
 - Name and how to contact the person making the report. Remember, this is confidential information and cannot be disclosed without the reporter's permission or through a court order.

Confidentiality

All elements of the SRS investigation are confidential and will be reviewed only in an official investigative capacity.

Details of the investigation should not be shared with anyone who is not an integral part of the person's support network.

The victim or their guardian, the perpetrator, and the executive director of the service provider organization (when agency staff is involved) are notified of the outcome of the investigation.

After the call is made to SRS

The report is reviewed by SRS staff who either screen the report in and refer to a licensed social worker for investigation or screen the report out. Reasons the report may be screened out include: the person(s) or the incident don't fit the description in the law, no credible reason for suspecting ANE, SRS does not have statutory authority to investigate, malicious or spite report, or incident was previously investigated by SRS.

SRS does not automatically investigate every death as potential ANE; if there is any reasonable suspicion that ANE may be involved in the death event or circumstances surrounding the death, it should be reported similar to any other suspected ANE.

As a reporter, you will not be notified of the technical results of the investigation and findings from the report. However, you should monitor to assure that the substantive issue creating the report has been addressed.

After the call is screened in for investigation

Contact is made with the victim within 24 hours for eminent danger; 3 days if the report involves neglect or less than imminent danger; 5 days if the report involves exploitation.

The SRS social worker will interview the alleged victim(s), alleged perpetrator(s), and anyone else with information about the incident.

The SRS social worker has 30 working days to make a determination.

Determinations or "the finding"

Unconfirmed: A reasonable person would not believe abuse, neglect, exploitation or fiduciary abuse exists or occurred.

Confirmed: A reasonable person would conclude that more likely than not abuse, neglect, exploitation or fiduciary abuse has occurred.

If you are accused of ANE, you do have rights

- You have the right to be treated with respect and dignity
- You have the right to ask authorities to identify themselves
- You have the right to be informed of your legal rights
- You have the right to know the allegations against you
- You have the right to be informed as to the possible results that may occur from the allegations against you
- You have the right to appeal a confirmed finding
- You have the right to be informed as to the findings of the investigation

Domestic Violence and Abuse

Domestic violence and abuse can happen to anyone, yet the problem is often overlooked, excused, or denied. Noticing and acknowledging the warning signs and symptoms of domestic violence and abuse is the first step to ending it. Domestic violence and abuse toward persons with developmental or intellectual disabilities may include physical force or actions often disguised as “care” such as use of restraints or medications. Persons with developmental or intellectual disabilities frequently lack good communication skills or may be non-verbal so telling someone if they are being abused may be difficult if not impossible. If you suspect domestic violence or abuse is occurring, it is important to watch for non-verbal clues as well as listening to what the person is telling you.

Abusers use a variety of tactics to manipulate and exert their power:

- Dominance – abusive individuals need to feel in charge of the relationship
- Humiliation-an abuser will do everything he or she can to make his or her partner feel bad or defective in some way. Insults, name-calling, shaming and public put-downs are examples of humiliation tactics designed to erode self-esteem and make the partner feel powerless
- Isolation-an abusive partner may cut his or her partner off from the outside world, and may expect his or her partner to ask permission to do anything, go anywhere, or see anyone.
- Threats-abusers commonly use threats to keep their partners from leaving or to scare them into dropping charges.
- Intimidation- abusers may use a variety of intimidation tactics, such as threatening looks or gestures, property destruction, and weapons to scare their partners into submission
- Denial and blame-abusers are very good at making excuses for the inexcusable and blame their behavior on a bad childhood, a bad day, and even on the victims they abuse.

General Warning Signs of Domestic Violence:

People who are being abused may:

- Seem afraid and anxious to please their partner
- Go along with everything their partner says and does
- Check in often with their partner to report where they are and what they're doing
- Receive frequent, harassing phone calls from their partner
- Talk about their partner's temper, jealousy, or possessiveness

Warning signs of physical violence:

People who are being physically abused may:

- Have frequent injuries, with the excuse of “accidents”
- Frequently miss work, school, or social occasions, without explanation
- Dress in clothing designed to hide bruises or scares (e.g. wearing long sleeves in the summer or sunglasses indoors)

Warning signs of isolation:

People who are being isolated by their abuser may:

- Be restricted from seeing family and friends
- Rarely go out in public without their partner
- Have limited access to money, credit cards, or the car

The psychological warning signs:

People who are being psychologically or emotionally abused may:

- Have very low self-esteem, even if they used to be confident
- Show major personality changes (e.g. an outgoing person becomes withdrawn)
- Be depressed, anxious or suicidal
- . Psychological abuse often accompanies other forms of abuse.

The Case Manager's Role

If you suspect that someone is being abused, speak up. Keep in mind that expressing your concern will let the person know that you care and may even save his or her life.

Do:

- Ask if something is wrong
- Express concern
- Listen and validate
- Offer help
- Be supportive

Don't

- Wait for him or her to come to you
- Judge or blame
- Pressure him or her
- Give advice
- Place conditions on your support

Talk to the person in private and let him or her know that you are concerned about their safety and well-being, without asking leading questions. Point out the things you have noticed that make you worried. Let him or her know that you'll help in any way you can. Remember, abusers are very good at controlling and manipulating their victims and the victim may be reticent to.

Rights and Responsibilities

Self Advocacy

Case managers promote and support the people they serve to exercise all their individual rights,

to assume the responsibilities that accompany these rights, and to advocate for themselves to the fullest extent possible.

Basic Rights of People Served: (What follows does not intend to be an exhaustive list of individual rights and responsibilities for persons with developmental disabilities but may be a helpful starting point. We are all American citizens and therefore all have the same rights.)

1. To be Free from psychological abuse, neglect, or financial exploitation
2. To control of one's own personal financial resources
3. To make active and meaningful decisions affecting their life
4. To privacy
5. To associate and communicate publicly or privately with any person or group
6. To practice religion or faith
7. To be free of restraint, medication, or isolation as punishment
8. To not be required to work without compensation, except in upkeep of home
9. To be treated with dignity and respect
10. To receive due process
11. To have access to own records, including funding and billing.

Examples:

- To have and use personal belongings at any time without supervision and rules.
- To buy what I want, carry my own money, write my own checks, and pay my own bills. To order items and purchase what I want at the store, online, or over the phone. To give away money.
- To go anywhere in my house or yard, or community at any time without being supervised or monitored electronically or otherwise
- To call, email, or talk to anyone at any time or place, in privacy.
- To see my records or any writing about me at any time. To have my records read to me and explained. To have my records kept confidential, and to decide who to share my records/information with.
- To have privacy when grooming and dressing, and for personal intimacy. To have the ability to close and lock my door.
- To live where I want with the people I want to live with.
- To choose the provider of all my services.
- To not have to work without being paid (except in upkeep of my own living space and common areas) including assisting with the care and support of others receiving services. If there are volunteer activities, they are agreed upon ahead of time.
- To make my own decisions without supervision or pressure.
- To have my choices explained to me in a way that I can understand them
- To not ever be abused or harassed by staff or peers verbally, or physically and not have to do anything to keep from being abused (for example: having to go to my room)
- To choose my friends, meet with them and to choose the kind of relationship I want to have.
- To not follow instructions, to change my mind, to refuse to participate, or to withdraw from services, and support.
- To choose to follow whatever religious or nonreligious practices I want.
- To participate in cultural practices that are important to me.
- To appeal any decision that affects me. To information and support to access dispute

resolution process.

- To vote and involve myself at whatever level I want to participate in political activities, and government.

Responsibilities:

All rights have responsibilities. For example, having the right to spend your money also entails a responsibility to pay your bills. Right to privacy, also entails the responsibility to be close the door to assure privacy.

Resources:

Disability Rights Center of Kansas
635 Southwest Harrison St
Topeka, KS 66603-3726
785-273-9661

Kansas Council on Developmental Disabilities
915 S.W. Harrison, Room 141
Topeka, KS 66612-1570
1-877-431-4604

Self-Advocate Coalition of Kansas
2518 Ridge Court, Room 236
Lawrence, KS 66046
1-888-354-7225

Case Managers responsibilities: As a case manager you have a responsibility to help ensure that the rights of the persons you support are protected. **You are not working on behalf of the guardian, service provider or the CDDO. Your primary responsibility is to the person served.**

- Provide education about their individual rights and how to report if their rights are violated.
- Assist the person in exercising all of their individual rights
- Assist the person in accepting their responsibilities associated with their rights.
- Ensure the person is treated with the same dignity and respect as all other persons regardless the their individual disabilities or support needs
- Ensure the interests and well being of individuals accessing services are respected
- Ensure informed choice making by the person
- Promote independence and decreasing dependence on paid supporting
- Promote people in developing relationships – friendships, intimate relationships, and natural supports.
- Assure decisions are made by person in a free, voluntary and fully informed manner.
- Assure person is empowered to explore and access supports they need to lead enriched, interdependent, healthy, safe and choice driven lives
- Respect and support cultural differences as services are developed and implemented
- Protect an individual's rights right to participate in decision making and advocate that information be presented in the person's primary communication method.
- Clearly identify supports the person needs to make informed decisions, as part of the person centered support plan.
- Report Abuse Neglect and Exploitation to the appropriate state agency charged with

providing adult protective services.

- Assure appropriate, effective, and informed use of medications and other restrictive interventions to manage behavior or to treat diagnosed mental health
- Assess a person's risks to health and safety and assure that any needed restrictions, or use of medication is approved by a behavioral management or human rights committee, the person, and/or guardian.
- Referral to Agencies which assist with Civil and legal rights of Kansas with disabilities such Disability Rights Center of Kansas (DRC), Families Together, and Independent Living Centers.
- Connect the person to self advocacy groups and activities in their community
- To address the need for personal representative, guardian, or additional assistance from the person's support network to assure decisions are
 - Informed decisions
 - Supports the person's preferred lifestyle.
 - Individually considered based on the person's needs
 - Made with the person's input to the fullest extent possible.

Disability Rights Issues

Voting Rights

A person with a disability can vote

A person with a guardian or conservator can vote

A person with a permanent disability can choose to vote at their accessible polling place or vote in the privacy of their own home by being mailed and advanced ballot for each future election.

All polling places must be accessible.

Voters may use whatever method they normally use to sign their name and obtain assistance in completing a ballot from the person of their choice.

Voter with disabilities may choose to use "curb side" voting to accommodate a disability if they choose.

There are rules about who can provide assistance and how they can help .

The Americans with Disabilities Act (ADA) is a federal law that prohibits discrimination on the basis of disability. Title I of the ADA makes it unlawful for any employer to discriminate against a qualified applicant or employee because of a disability in any aspect of employment. ADA requires access to public accommodations such as restaurants, hotels, theaters, doctors' offices, pharmacies, retail stores, museums, libraries, parks, private schools, and day care centers. Auxiliary aids and services which ensure effective communication with individuals with hearing or vision impairments such as interpreters, assistive listening devices, note takers, and written materials, etc, are required. ADA also requires government buildings, programs and activities to be accessible.

The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.

Advocacy Agencies

National Disability Rights Network - <http://www.ndrn.org/>

Disability Rights Center of Kansas – a public interest legal advocacy agency empowered by

federal law to advocate for the civil and legal rights of Kansans with disabilities. DRC is the Official Protection and Advocacy System for Kansas.

Families Together, Inc. – a statewide organization that serves families of children and youth with exceptional needs. It is a Parent Training and Information Center funded by the U.S. Dept. of Education, Office of Special Education Programs.

Parent Training and Information Centers:

- Serve families of children and young adults from birth to age 26
- With all disabilities: physical, mental, learning, emotion, attention deficit disorders...
- Train and inform parents and professionals to help families obtain appropriate education and services for their children with disabilities
- Work to improve education results for all children, and resolve problems between families and schools or other agencies;
- Connect children with disabilities to community resources that address their needs.

Guardianship and Conservatorship

Guardianship or conservatorship is an attempt by the state to provide a way to help and protect a person when that person is incapable of self-care or of acting in his or her own best interest. A guardianship or conservatorship, while intended to be helpful, may place the most severe restrictions on a person's freedoms that a court can impose. A guardianship or conservatorship should be used only as a method of last resort and be considered only after all other lesser restrictive alternatives have been explored.

Definitions:

- Guardian – A guardian is a person or a corporation appointed by a court to act on behalf of a minor or impaired person, who is called a “ward.” A guardian manages a ward's personal health, safety, and welfare.
 - ✓ Temporary guardian (or conservator) may be appointed when there is imminent danger to a proposed ward's health, safety or estate and the details of the hearing procedure have not yet been satisfied.
 - ✓ Standby guardian (or conservator) may be appointed by the court to assume the duties and powers of the guardian or conservator upon the resignation, disability, temporary absence or death of the guardian or conservator
 - ✓ Successor guardian (or conservator) is a person appointed to succeed the current guardian or conservator.
 - ✓ Co-guardian (or co-conservator) may be appointed by the court and the court shall specify if the co-guardians or co-conservators may act independently or only in concert
- Conservator – An individual or a corporation who or which is appointed by the court to act on behalf of the conservatee to manage the conservatee's property or “estate,” such as money and personal and real property
- Ward – A ward is a person for whom a guardian has been appointed. A ward may be either a minor or an adult person with impairment.
 - An adult with an impairment in need of a guardian or conservator, or both means:
 - ✓ a person 18 years of age or older, or a minor who is considered to be of the age of majority (K.S.A. 38-101)
 - ✓ whose impaired ability to receive and evaluate relevant information, or to effectively communicate decisions, or both, even with the use of assistive technologies or other supports, is impaired such that the person lacks the capacity to manage such person's estate, or to meet essential needs for physical health, safety or welfare.

- A minor is a child under the age of 18. Minors are wards of their parents, or in some cases, of court appointed adults.
- Conservatee – A conservatee is a person for whom a conservator has been appointed. A conservatee may be either a minor or an adult person with impairment.
- Accounting – Accounting refers to a detailed written summary of all financial actions done by the conservator on behalf of a conservatee.
- Bond – A bond is similar to an insurance policy and is usually purchased from an insurance company. It is intended to protect the conservatee's property should the conservator mismanage the person's estate.
- Adjudication – The trial process in which the court makes a finding of whether or not a person is determined to be legally in need of a guardian or conservator, or both.

See "A Guide to Kansas Laws on Guardianship and Conservatorship" for additional information and definitions. This guide is available through the Kansas Guardianship Program, www.ksqprog.org or 1-800-672-0086.

The Case Manager's Role

The case manager's role when a guardianship action is filed is to continue to educate the person about the action, the impact and the options; and to advocate for the person's interests once that education has occurred. If the person is opposed to guardianship – or wants to have limitations placed on the guardianship – the case manager should work closely with the Guardian Ad Litem (a person appointed by the court to represent the interests of infants, the unborn or persons who are mentally incompetent in legal actions) and even attend court hearings to ensure that the person's interests are expressed.

Similarly, if the person is in need of guardianship support, and would benefit in his/her life by that type of support, the case manager should (after education and option exploring) assist the person in identifying and recruiting someone to serve as a guardian. This help should not await something negative happening in the person's life.

Not a Magic Bullet

It is important for case managers to recognize that there is no "magic bullet" in the guardianship role. The guardian, for example, cannot direct away troubling behavior patterns, stop sexual contact, eliminate substance abuse, remedy mental illness, and so on. A guardian may be of some assistance in helping the person to recognize and address these types of issues, but "clamping down" and "restricting" people through the use of a guardian does not equate to effective behavioral and other supports. It is unfair and ineffective to expect that a guardian will be able to remedy these types of intensely personal and complex issues.

If a guardian is present (or sought) in the life of someone with these types of support needs, the case manager should:

- Remember that the primary interest remains with supporting the person and advocating for his/her needs and preferences. Also, remember those key civil liberties that the guardian cannot restrict.
- Work with the guardian to become very knowledgeable about and effectively

involved with the person – on a personal level where these issues occur – so that the guardian can be a valuable resource and member of the person's support network.

Who May Be Appointed As Guardian Or Conservator (K.S.A. 59-3068 et. seq.)

The court in appointing a guardian or conservator shall give priority in the following order to:

1. The nominee of the proposed ward or proposed conservatee, if the nomination is made within any durable power of attorney
2. The nominee of a natural guardian
3. The nominee of a minor who is the proposed ward or proposed conservatee, if the minor is over 14 years of age
4. The nominee of the spouse, adult child or other close family member of the proposed ward or proposed conservatee
5. The nominee of the petitioner

The court shall determine that the individual who is eligible for appointment is required to be a "fit and proper person" or a "suitable person." The court may order an investigation of the past history and character of a proposed nominee.

General Duties, Responsibilities, Powers and Authorities of Guardians (K.S.A. 59-3075 et. seq)

At all times the guardian is under the court's direction and control.

The guardian shall:

- Annually file a report with the court telling the court about the guardian's actions and the ward's condition
- Carry out diligently and in good faith, the general duties and responsibilities and act in accordance with the provisions of any guardianship plan if one is filed with the court
- Become and remain personally acquainted with the ward and other members of the ward's support network
- Exercise authority only as necessitated by the ward's limitations and encourage the ward to participate in decision making
- Encourage the ward to develop or regain skills and abilities necessary to meet his/her needs and manage his/her own affairs
- Protect the ward's the comfort, safety, health and welfare
- Assure the ward resides in the least restrictive setting appropriate to the needs of the ward
- Assure the ward receives medical and nonmedical care
- Make necessary arrangements for the ward's funeral, burial or cremation
- Revoke a power of attorney

Limitations of the Powers of Guardianship (K.S.A. 59-3075 et. seq)

The guardian shall not have the power to do any of the following UNLESS the supervising court issues a written order approving the action(s):

- Prohibit the marriage or divorce of the ward
- Consent to termination of the ward's parental rights
- Consent to the adoption of the ward
- Consent to psychosurgery, organ or limb removal except in a life threatening emergency or to prevent lasting impairment of the ward's physical body
- Consent to sterilization of the ward
- Consent to experimental procedures
- Consent to withholding or withdrawal of life-saving medical care unless the ward previously made a written advance directive (living will, durable power of attorney for

health care decisions, or similar document) that meets legal requirements (K.S.A. 65-28101 through 65-28109 et. seq)

- Have any control over the ward's property, unless authorized in the Letters of Guardianship AND the value of the ward's property is less than \$10,000
- Place the ward in a psychiatric treatment facility
- Pay guardian fees or reimburse expenses
- Dispose of property after the ward's death

Guardian Liability

The guardian shall not be personally liable to a third person for the acts of the ward solely by virtue of the guardian's appointment, nor shall a guardian who exercises reasonable care in selecting a third person to provide any medical or other care, treatment or service for the ward be liable for any injury to the ward resulting from the wrongful conduct of that third person (K.S.A. 59-3075 (d)).

General Duties, Responsibilities, Powers and Authorities of a Conservator (K.S.A. 59-3078 et. seq)

The conservator shall:

- Carry out diligently and in good faith, the general duties and responsibilities and act in accordance with the provisions of a conservatorship plan if one is filed with the court
- At all times be subject to the control and direction of the court
- Become aware of the conservatee's needs and responsibilities
- Exercise authority only as necessitated by the conservatee's limitations
- Encourage the conservatee to participate in making decisions affecting the conservatee and to act on his/her own behalf to the extent the conservatee is able
- Encourage the conservatee to develop or regain the skills and abilities necessary in order for the conservatee to be able to manage his/her own estate
- Consider the desires and personal values of the conservatee
- Strive to assure the personal, civil, and human rights of the conservatee are protected
- File with the court an initial inventory of all the property, assets and sources of regular income of the conservatee's estate
- File with the court annual accountings and other reports concerning the status of the estate and the actions of the conservator
- Pay reasonable charges for the support, care, clothing, housing, and education of the conservatee in a reasonable manner, unless the conservatee's parent or spouse is required by law to pay those charges
- Pay all lawful debts of the conservatee
- Insure property against theft or other loss in a reasonable amount
- Pay the premium for your conservator's bond

Limitations on Conservator Powers

A conservator must have court approval to:

- Settle any claim of the conservatee for less than full value
- Sell or transfer the property of any ongoing businesses
- Sell, convey, lease, or mortgage the conservatee's homestead or other real estate
- Lease or convey possession in any real estate for more than 3 years
- Sell, convey, lease, or mortgage any oil, gas or other mineral interests or inchoate interests in real estate
- Extend an existing mortgage for more than 5 years, which includes both mortgages where the conservatee is the borrower or the lender
- Make a gift on behalf of the conservatee

- Pay the conservator or the conservator's attorney a fee

The conservator should confer with the court before:

- Selling the conservatee's personal property
- Managing any ongoing business
- Investing funds in a conservative and reasonable manner, including purchasing an insurance policy or annuity, reserving to the conservatee the right to change the beneficiary on termination of the conservatorship
- Disposing of property after the death of the conservatee

Conservator Liability

The law does NOT require you as conservator to use your own personal money or other assets for support of the conservatee solely because you have been appointed as conservator. You are not liable to other persons for the acts of the conservatee solely because you have been appointed as conservator. This means you are not responsible to anyone else for something that the conservatee has done simply because you are the conservator.

How to Access Guardianship/Conservatorship

There are two basic ways to access a guardian/conservator:

Privately. This means that someone files a civil guardianship and/or conservatorship action directly with the court, using his or her own attorney. Automatically, an attorney is designated by the court to represent the person directly for whom guardianship is sought (this person is referred to as a Guardian Ad Litem, and is responsible to look out only for the interests of the proposed ward).

The person bringing this action may be a family member; friend or interested party who thinks that guardianship is in the best interest of the proposed ward. That person is responsible for the costs and fees associated with the filing of the action (including filing fees, attorney's fees, etc.), and does not get reimbursed for his/her service as a guardian.

Publicly. The Kansas Guardianship Program (3248 Kimball Avenue, Manhattan, Kansas, 66503; phone 800/672-0086; fax 785/587-9626) is involved in these actions. Typically, through a contract with SRS, the Kansas Guardianship Program is involved and pursues guardianships for people who are referred to them through SRS, Adult Protective Services (APS). For example, if a person has been subject to abuse, neglect or exploitation, and/or has been unable to protect himself from negative situations, one responsive support from APS may be to suggest that he get a guardian to help prevent similar situations in the future. APS gets involved in assessing and recommending guardianship or conservatorship only for persons who are involved in a case of reported abuse, neglect or exploitation.

These actions are brought and funded through the SRS Legal staff, and it is their decision as to which cases get pursued. Matters are referred to SRS Legal staff through SRS Adult Protective Services. The Kansas Guardianship Program (KGP) does not separately pursue guardianship actions for people privately. The KGP recruits and manages volunteers to serve as guardians. The volunteer guardian, once approved by KGP and appointed as someone's guardian by the court, gets a small fee to offset expenses associated with the guardianship work (\$20 per month). KGP is also available for training and information about basic guardianship duties. It is not appropriate or effective to contact either SRS Legal or KGP for pursuit of guardianship in routine situations where the person could generally

benefit from that type of support, absent situations involving reported abuse, neglect or exploitation. Exploring the option of private guardianship actions (as described above) are the appropriate avenue in routine situations.

Changing Guardians

Sometimes situations arise that necessitate considering a change in guardians. This is a significant decision, not to be made lightly, and it requires court approval – however, it is a feasible option if and when needful. Examples of this would be:

- An acute disagreement between the person and his/her guardian about an important life matter. This may be a medical condition and related treatment options; most appropriate service environment; the use of restrictive service practices or psychotropic medications.
- Instances of the guardian not hearing out and being responsive to the person's opinions or preferences on core life issues.
- Inability or unwillingness of the guardian to participate in the person's life (planning for supports, providing important consents, etc.)
- Illness or aging concerns.
- Resignation of the guardian
- Court determination that the guardian has not been fulfilling his/her duties or has caused negative outcomes in the person's life.

The case manager's role if a person wants to seek a change of guardianship is to continue to educate the person about the action, the impact and the options; and to advocate for the person's interests once that education has occurred. The case manager should work closely with the person's attorney and even attend court hearings to ensure that the person's interests are expressed.

Restoration to Capacity

If the person believes that he/she does not need the support of a guardian, the case manager should help to explore the option of restoration.

This is a formal proceeding within the context of the guardianship court case, and involves formally requesting the court to reconsider the previous order establishing guardianship. It will involve a court hearing before the judge, and presentation of evidence that the person – for whatever personal reasons and/or changes in his or her life – no longer needs the support of a guardian.

As such, careful education for the person, full consideration of the options, and legal assistance will be needed. After considering this option, if the person wants to pursue it, the case manager should assist him/her in getting access to an attorney for consultation and, if appropriate, representation in a restoration proceeding.

This process involves petitioning the court that established the guardianship. The person needs to obtain his or her own attorney for this process (that is, one is not automatically appointed by the court for this purpose). A hearing will be conducted, and if it is not shown by clear and convincing evidence that the person continues to be disabled, the ward will be restored to capacity.

The court has discretion to wait to hear a petition for restoration of capacity until six months after the guardian has been appointed.

A ward can repeatedly petition for the court to consider restoration (that is, a person is not limited to asking for this change only one time).

Alternatives to Full Guardianship

As the person's case manager, you should recognize that guardianship is a substantial restriction on the person's individual rights. Therefore, you should assist the person to understand those restrictions, and available alternatives to them. Explore with the person what his or her personal needs are which can be supported by the guardianship relationship; what that relationship means to him/her; what he/she thinks about the level of restriction or intrusion in his/her life; and what the range of those support options are (from nothing to payee, powers of attorney, conservator, limited guardianship or full guardianship – in that order of intensity).

For some people, guardianship may be an acceptable and appropriate relationship that signals security or comfort; for others, it may be an intrusion that makes them feel stripped of their adulthood or otherwise uncomfortable. It is a personal decision, which you should help the person understand, weigh and make informed decisions about – and then help the person advocate for their decisions. Limited Guardianship The case manager should assist the person to understand that the support of a guardian can be limited to specific issues of his or her life (such as medical decisions or other service decisions). The specific role of the guardian can be described in the letters of guardianship (the formal court order creating that relationship). If specific limitations are important to the person, this will be a useful way to get them in place.

If limitations are not specified in the order establishing the guardianship (sometimes called "Limited Letters of Guardianship"), the limitations are not in place and enforceable. If the person believes that limitations are or become appropriate in the guardianship relationship, the case manager should assist the person to understand this option and access legal assistance to formally address the limitations.

Representative Payee

This is a good alternative to guardianship, if the primary support the person needs is help in managing governmental benefits (SSI income). The payee does not have control or authority about other decisions in the person's life, or about funds that are non-governmental (work income, etc.). However, other income sources may impact the amount and availability of governmental benefits, or vice versa, and the Payee should be worked with collaboratively to understand and manage the impact.

Case managers should assist the person in understanding the payee's role, and in assuring that there are safeguards in practice, which avoid "conflict of interest"-type concerns (such as the person's only service provider also serving as payee). In such cases, safeguards may include that there is regular and detailed accounting to the person about the use of funds.

Power of Attorney

A power of attorney is a document that allows you to appoint a person or organization to handle your affairs while you are unavailable or unable to do so. The person or organization you appoint is referred to as an "Attorney-in-Fact" or "Agent."

A power of attorney must be signed by the person granting the authority (known as the "Principal"). The Principal must be mentally competent at the time of the signing in order to make the document legally binding. If there is any question about the Principal's mental competence, a physician may be asked to certify in writing that the person understands the document and the consequences of signing the document. The signature on a power of

attorney should also be notarized. Notarization makes it harder for someone to challenge the validity of the signature. It also allows the document to be “recorded” for use with real estate transactions.

General Power of Attorney authorizes your Agent to act on your behalf in a variety of different situations. It is very broad and provides extensive powers to your Agent, such as handling bank transactions; entering safety deposit boxes; buying and selling property, purchasing life insurance; entering into contracts, filing tax returns, handling matters related to government benefits.

Special Power of Attorney authorizes your Agent to act on your behalf in specific situations only. Many people use the special power of attorney to authorize their Agent to do one or several things, such as sell real estate or personal property or handle government issues.

Health Care Power of Attorney allows you to appoint someone to make health care decisions for you if you are incapacitated.

A Living Will allows you to express your wishes concerning life-sustaining procedures if you become permanently comatose or terminally ill.

“Advance Health Care Directives” combines elements of a Health Care Power of Attorney and a Living Will and states your instructions on what you would want to happen in the event that you become unable to make health care decisions in the future.

Even if you have executed a Health Care Power of Attorney, you still have the right to give medical directions to physicians and other health care providers as long as you are able to do so. This document only becomes effective when you do not have the capacity to give, withdraw or withhold informed consent regarding your health care.

“Durable” Power of Attorney: The general, special and health care powers of attorney can all be made “durable” by adding certain text to the document. This means that the document will remain in effect or take effect if you become mentally incompetent.

An individual signing a durable power of attorney for health care decisions may give the agent authority to take certain actions for the principal, according to the principal's instructions:

- To consent, refuse consent, or withdraw consent for health care decisions
- To make decisions about organ donations and autopsies,
- To arrange for the principal's admission to a hospital, psychiatric facility, hospice, nursing home, or other medical facility,
- To employ or discharge health care personnel, including physicians, psychiatrists, psychologists, dentists, nurses, therapists, and
- To have access to the principal's medical and hospital records.

The agent does not have authority to take certain actions for the principal:

- To take any action not provided for in the durable power of attorney for health care decisions,
- To revoke an existing living will,
- To take action or make decisions until the principal becomes disabled or incapacitated, as determined by the principal's physician, unless the durable power of attorney for health care specifically provides otherwise, and
- To take any action inconsistent with the principal's expressed wishes.

The act creating durable powers of attorney for health care decisions includes a model form; an individual's document needs to be substantially in that form. (See K.S.A. 59-632.) An individual can add other specific instructions for the agent or designate an alternative agent if, for some reason the original agent becomes unable to act. Remember that the principal must comply

with all statutory requirements regarding signing and dating the power of attorney.

Revocation of Power of Attorney allows you to revoke a power of attorney document.

If someone needs help with presenting a request for restoration, in addition to obtaining a private attorney, a potential resource for the person to consult with is Disability Rights Center of Kansas. One of their priority activities is assisting people to consider the option of restoration (including through investigation of the facts and explanation of the legal standards) and, in some cases, provide legal representation to the person in that process.

Resources:

Kansas Guardianship Program (800/672-0086): 3248 Kimball Ave., Manhattan KS 66503-0353

Disability Rights Center of Kansas (785-273-9661) 635 Southwest Harrison Street, Topeka KS 66603-3726

Section 10: SRS Quality Management Program

SRS employs approximately 25 people across the state to implement its Quality Management functions. These Quality Management Specialists (QMS) are located in SRS Regional offices and have assigned counties as well as are designated as the lead contact for specific provider agencies. The QMS perform Quality Management functions in the five separate service delivery systems (including MRDD) managed by SRS Community Supports & Services. You can utilize the following interactive map to learn more about the QMS locations and specific assignments (click on county)

http://www.srs.ks.gov/agency/css/Documents/QualityManagementProgram/CSS_QMS_Map.pdf

The functions of the Quality Management Program are divided into 4 categories:

<http://www.srs.ks.gov/agency/css/Pages/QualityImprovementforWaivers.aspx>

1. Monitoring Activities;

- Provider licensure
- Quality surveys
- CDDO Reviews
- Special Reviews

2. Issue Management;

- Abuse, Neglect & Exploitation monitoring and follow-up
- Critical Incident monitoring and follow-up
- ICF/MR referral monitoring and follow-up
- Loss of Life Reports
- Customer Service and Training

3. Reporting

- Centers for Medicare & Medicaid (CMS) Reports for all HCBS Waivers
- CDDO Review Reports
- MRDD Oversight Committee Reports
- Internal Quality Activity Reports

4. Inter/Intra Agency Coordination

- Collaborate within SRS on systems issues effecting the Quality Management Program
- Collaborate with external partners on issues effecting Quality.

The Quality Management Program's philosophy is to maintain a **person-centered focus** while performing functions maintaining an **on-site and in-person** presence.

A main tool utilized by the QMS in the MRDD system is the **Kansas Lifestyle Outcomes (KLO)** http://www.srs.ks.gov/agency/css/Documents/QualityManagementProgram/QA%20Manual/Regional_KLO_2nd_With%20Interpretive%20Guidelines.pdf . QMS utilize the KLO approximately 1000 times annually in assessing the outcomes of persons receiving services. The data collected is utilized for the following purposes:

- identifying and remedying individual service delivery issues;
- identifying and remedying systemic service delivery issues at the provider level;
- identifying and remedying systemic system-wide service delivery issues;
- CMS Reporting
- Licensure decisions

DD system Laws and Regulations

Laws / Statutes are enacted by the legislature. They typically start as a Bill and when passed, they become an Act. The Developmental Disabilities Reform Act was passed by the Kansas Legislature. The statute/law broadly outlines the requirements and duties of the Secretary and the CDDOs. The DD Reform act can be found at

<http://www.srs.ks.gov/agency/css/Documents/QualityManagementProgram/QA%20Manual/DDReformActText.pdf>

SRS monitors the CDDOs adherence to these standards through the CDDO Review process. This process reviews each CDDO once every 3 years. The process summary and reports are found at <http://www.srs.ks.gov/agency/css/Pages/CSSOutcomesandReports.aspx>

Regulations are adopted by Administrative Agencies; in this case SRS, in order to provide further detail about a law, and essentially implement the law. There are two sets of regulations that provide further detail of the Developmental Disabilities Reform Act. Article 64 is specific to Community Developmental Disability Organizations (CDDOs) and their requirements. Article 63 is specific to licensed providers of services and their requirements. Articles 63 & 64 can be found at

<http://www.srs.ks.gov/agency/css/Pages/Developmental%20Disabilities%20Quality%20Assurance/DevelopmentalDisabilitiesQualityAssurance.aspx#ddqualitygovernance> .

SRS monitors provider compliance through its licensing process. The process is based upon an on-site and in-person, on-going, routine presence by the SRS staff performing the licensing review.

<http://www.srs.ks.gov/agency/css/Pages/Developmental%20Disabilities%20Quality%20Assurance/DevelopmentalDisabilitiesQualityAssurance.aspx#ddqualitygovernance>

Section 11: Generic Supports/Natural-Nonpaid supports

It is important that TCMs are aware of all potential supports available to a person both locally

and on a statewide basis. The following listing of resources available should be utilized when necessary and applicable.

Maps

Maps of various supports in Kansas – www.kcdcinfo.com (click on disability support maps)

Independent Living Centers – provides:

- Support to any person, at any age, with any type of disability – does not have to prove disability
- Five core services are;
 - Information and Referral
 - Independent Living Skills training
 - Systems and self advocacy
 - Peer support
 - Deinstitutionalization
- Accessibility surveys and information concerning civil rights laws i.e. ADA, Section 504 of Rehab Act, etc.
- Fair Housing and general housing information
- Support with employment
- Legislative information/advocacy/training
- Local Independent Living Centers office locations – www.silck.org (go to centers)
- **Assistive Technology**
 - www.atk.ku.edu for map of the five Assistive Technology for Kansans (ATK) Access Sites in Kansas. ATK provides information, training and funding assistance related to technology for individuals with disabilities or health conditions. (800-526-3648 will get you to your local access site)
 - Kansas Assistive Technology Cooperative (KATCO) is a consumer run financial program founded to provide persons with disabilities and their family's access to financial resources for acquiring assistive technology through education, savings and borrowing. www.katco.net to download your application. 800-465-2826
 - Kansas Equipment Exchange (KEE) Program is designed to help more Kansans obtain affordable medical equipment. In cooperation with Medicaid and other agencies, durable medical equipment (DME) that is no longer being used is returned to the program, refurbished and made available for other Kansans to use. KEE accepts donated equipment from individuals. www.equipmentexchange.ku.edu 866-666-1470
 - AgrAbility promotes the combination of agricultural know-how with disability expertise to provide farmers, ranchers and agribusiness workers specialized services they need to safely accommodate their disabilities in everyday farm/ranch/agribusiness operations. www.ksre.ksu.edu/agrability 800-526-3648 to get access to your local access site.
 - InterAgency Equipment Loan System - contains a variety of devices that people in Kansas can borrow on a trial basis, before they purchase equipment for themselves or if they have a short term need after an injury or illness. There is no cost to the customer; the Loan System pays for shipping both ways. 800-526-9731

- Telecommunications Access Program (TAP) – TAP is a telecommunications equipment distribution program. The purpose of TAP is to provide specialized equipment to Kansans with disabilities or impairments in order to access basic home telecommunication services. www.kansastap.org
- **Transportation**
 - Visit Disability.gov for local Kansas transit services across the state. [www.disability.gov/transportation/state & local resources/kansas](http://www.disability.gov/transportation/state_and_local_resources/kansas) click on Kansas Transit links
 - **Kansas Transit Provider Directory**
This is an [interactive map](#). You must go to the web site listed (www.kstransitdirectory.org) to get information.
- **Advocacy Groups**
 - SACK (Self Advocacy Coalition of Kansas) - Kansas currently has 26 local self advocacy groups across the state. If you are interested in joining a group or getting more information, go to www.sackonline.org/Local_Self_Advocacy_Groups.html and click on the group nearest you. The group can be accessed by either calling the listed phone number or sending an email by clicking the name of the local group. If there are no groups in your area, and you would like to start a self advocacy group in your community, please contact the SACK office at 888-354-7225 and they will come to your hometown and help you get one started.
 - Disability Rights Center of Kansas (DRC), formerly Kansas Advocacy & Protective Services (KAPS), is a public interest legal advocacy agency empowered by federal law to advocate for the civil and legal rights of Kansans with disabilities. DRC is the Official Protection and Advocacy System for Kansas and is a part of the national network of federally mandated and funded protection and advocacy systems. As such, DRC advocates for the rights of Kansans with disabilities under state or federal laws (ADA, the Rehabilitation Act, Federal Medicaid Act, Kansas Act against Discrimination, etc.) www.drckansas.org
 - Kansas Commission on Disability Concerns, (KCDC) - KCDC provides policy recommendations to the State of Kansas on changes to laws, regulations and programs that affect people with disabilities.
 - Independent Living Centers are your local advocacy resource on many issues facing Kansans with disabilities. www.silck.org for a list of Centers.
- **Deaf/Hard of Hearing**
 - Kansas Commission for the Deaf and Hard of Hearing (KCDHH) provides interpreter referral and coordination across Kansas. KCDHH helps state agencies, hospitals, law enforcement organizations, courts and businesses locate professional interpreters.
Kansas Commission for the Deaf and Hard of Hearing
Phone: 1-800-432-0698 or visit
<http://www.srs.ks.gov/agency/rs/Pages/KCDHH/KCDHH.aspx>
- **Blind/Vision Resources:**
 - KanSail, Business Enterprise Program -
<http://www.srs.ks.gov/services/Pages/Blind.aspx>

- **Guardianship information**
 - To assure that adults who are without family or financial resources and who are identified by SRS as in need of a court appointed guardian and/or conservator will have available a qualified, trained and caring volunteer to serve as their legally appointed guardian and/or conservator. Guide to Kansas Law concerning guardianship - <http://www.ksgprog.org/Publications/Guide%20to%20KS%20Law.pdf>
- **Local Community Resources:**
 - 2-1-1 Kansas – dial 2-1-1 to learn more about community services or visit www.211Kansas.org
 - United Way - United Way envisions a world where all individuals and families achieve their human potential through education, income stability and healthy lives www.liveunited.org/about/missvis.cfm
 - Alcohol and Drug assessment centers – www.srskansas.org/hcp/AAPSHome.htm
 - Big Brothers Big Sisters - Kansas Big Brothers Big Sisters helps boys and girls, most of who are considered at risk and live in single parent homes, achieve their full potential through long-term personal relationships with carefully screened and caring volunteers. www.kansasbig.org
 - Crisis Pregnancy Centers in Kansas - www.lifecall.org/cpc/ks.html
 - Catholic Charities – provides: **Emergency Assistance:** Helping families in crisis regain self-sufficiency; **Children & Family Services:** Creating a network of care for children and families; **Catholic Community Hospice:** Providing Hospice care for the elderly; **Catholic Community Healthcare:** Offering a wide range of healthcare services. www.catholiccharitiesks.org
 - The Salvation Army - www.usc.salvationarmy.org
 - United Cerebral Palsy of Kansas - United Cerebral Palsy (UCP) is a leading service provider and advocate for adults and children with disabilities, including cerebral palsy. As one of the largest health nonprofits in America, the UCP mission is to advance the independence, productivity and full citizenship of people with disabilities through an affiliate network. www.ucp.org
 - AMBUCS - creating mobility and independence for people with disabilities. www.ambucs.com/
 - Kansas Commission on Veterans Affairs – to provide information and resources for veterans and their families. www.kcva.org
 - Local Extension Offices - K-State Research and Extension is committed to providing Knowledge for Life to make our homes and families happier and healthier. www.ksre.k-state.edu
 - Local Health Departments - Kansas Department of Health and Environment's vision is 'healthy Kansans living in safe and sustainable environments'. www.kdheks.gov/
 - Local Mental Health Centers – the county's legally delegated authorities to manage mental health care in Kansas. www.acmhck.org or <http://www.srs.ks.gov/services/Pages/MentalHealthServices.aspx>
 - Consumer Credit Counseling Service - is an accredited, non-profit community service organization, a member of the National Foundation for Credit Counseling, a HUD certified housing counseling agency, accredited by the Council on Accreditation for Children and Families, registered with the Office of the Kansas State Bank Commissioner, and a United Way of the Plains funded partner. www.kscacs.org

- Hospice – The Kansas Hospice and Palliative Care Organization (KHPCO) is a work group of the LIFE Project Foundation and works to enable every Kansan to access quality care at the end of life. www.lifeproject.org/akh.htm
- Kansas Coalition Against Sexual and Domestic Violence (KCSDV) - The purpose of the Coalition is the prevention and elimination of sexual and domestic violence through a statewide network of programs providing support and safety for all victims of sexual and domestic violence and stalking, with primary focus on women and their children; direct services; public awareness and education; advocacy for victims; comprehensive prevention; and, social change efforts. www.kcsdv.org
 - OARS - (Orientation, Assessment, Referral, Safety) - **A collaborative project between the Kansas Department of Social and Rehabilitation Services (SRS) and the Kansas Coalition Against Sexual and Domestic Violence (KCSDV). OARS works to** reduce the employment barrier of domestic violence and sexual assault by enhancing the safety of abused families receiving Temporary Assistance to Families.
 - SANE/SART - SANE stands for Sexual Assault Nurse Examiner. A SANE is a specially trained registered nurse who provides comprehensive care to victims of sexual assault. SART stands for Sexual Assault Response Team, and it is a community based coordinated response to victims of sexual assault.
- Kansas Emergency Food information from SRS – http://www.srs.ks.gov/agency/ees/Pages/Food_Distribution_Programs/TEFAP.aspx
- **Disability Law/ADA/Rehab Act 1973**
 - Americans with Disabilities Act information - <http://www.ada.gov/>
 - Disability Law Handbook – Web site for copy of Disability Law Handbook <http://www.southwestada.org/html/publications/dlh/index.html>
 - Kansas Attorney General's office - Information on ADA accessibility for new building construction and alterations, (K.S.A. 58-1301 et seq.) Phone: (785) 296-2215. <http://www.ksag.org/>
 - Department of Justice (for ADA complaints) - Information on accessibility discrimination at the state, county, and city government level and places of business in general. Phone: (800) 514-0301 (Voice) - (800) 514-0383 (TTY). <http://www.justice.gov/actioncenter/complaint.html>
- **Legal/Discrimination**
 - Kansas Human Rights Commission (KHRC) – www.khrc.net – Kansas laws protect persons from discrimination in employment, housing and public accommodations
 - Kansas Legal Services - Kansas Legal Services, a statewide non-profit organization, is dedicated to helping low income Kansans meet their basic needs through the provision of essential legal, mediation and employment training services. www.kansaslegalservices.org
 - The Disability Rights Center of Kansas (DRC), formerly Kansas Advocacy & Protective Services (KAPS), is a public interest legal advocacy agency

empowered by federal law to advocate for the civil and legal rights of Kansans with disabilities. www.drckansas.org

- Kansas Attorney General's office - Phone: (785) 296-2215 <http://www.ksag.org/>
- **Education/Children's Resources**
 - Early Education/Head Start - The **Kansas Head Start Association (KHSA)** supports all 28 Kansas Head Start programs through advocacy, education and leadership in special projects benefiting young children and families. www.ksheadstart.org
 - Families Together – Families Together, Inc. is a statewide organization that serves families of children and youth with exceptional needs. www.familiestogetherinc.org
 - Child Care Resource and Referral, The Kansas Association of Child Care Resource and Referral Agencies [KACCRRRA](http://www.kaccrra.org) is the state network that supports seven child care resource and referral member agencies who serve all 105 counties in Kansas. They are in a unique position within communities to work with families, child care providers as well as state and local governments to strengthen the quality of child care. www.kaccrra.org
 - Infant Toddler Networks - Kansas has 36 local agencies called Infant-Toddler and/or tiny-k networks. Each network provides an array of services to eligible children and their families utilizing a variety of public and private resources. Services are designed to meet the special needs of the child and family and are identified through a multi-disciplinary assessment process and provided through an Individualized Family Service Plan (IFSP). www.ksits.org
 - Kansas Children's Service League – KCSL is dedicated to providing services and advocacy efforts that focus on keeping children safe, families strong, and communities involved. www.kcsl.org
 - The Shriners Organization - Shriners International supports Shriners Hospitals for Children®, an international health care system of 22 hospitals dedicated to improving the lives of children by providing specialty pediatric care, innovative research and outstanding teaching programs. www.shrinershq.org/Shrine/
- **Housing**
 - Kansas Rural Development –Partners with people of rural Kansas to develop sustainable communities, including a variety of housing programs to help meet the needs of moderate, low and very low income rural Kansans (assist with purchasing first home, accomplishing seriously needed repairs for owned home or providing an apartment) www.rurdev.usda.gov/ks (go to offices)
 - Housing Authorities – Information on low income housing options. www.hud.gov/local/ks/renting/hawebsites.cfm
 - Habitat for Humanity – A non-profit founded on the conviction that every man, woman and child should have a decent, safe and affordable place to live. They build with people in need regardless of race or religion. www.habitat.org
- **Employment Options**
 - Workforce Centers of Kansas – located statewide to serve as a single point-of-entry to a network of employment, training and educational programs and providers. www.kansasworks.com
 - Local Work Incentive Liaisons – Ticket to Work – The Ticket to Work and Self-Sufficiency Program is an employment program for people with disabilities who are interested in going to work. www.yourtickettowork.com

- Rehabilitation Services – help Kansans with disabilities meet their employment goals, offering a variety of vocational rehabilitation services.
<http://www.srs.ks.gov/agency/rs/Pages/default.aspx>
- Working Healthy/WORK – offers people with disabilities who are working or interested in working, the opportunity to get or keep Medicaid coverage.
www.workinghealthy.org
- Job Accommodations Network (JAN) – If you have a question about workplace accommodations or the Americans with Disabilities Act (ADA) and related legislation, visit this website. <http://askjan.org>
- **Senior Services**
 - Senior Health Insurance Counseling for Kansas (SHICK) – Senior Health Insurance Counseling for Kansas (SHICK) is a free program offering older Kansans an opportunity to talk with trained, community volunteers and get answers to questions about Medicare and other insurance issues.
www.agingkansas.org
 - Kansas Area Agencies on Aging – HCBS/FE services provide an alternative to nursing facility care. These services promote independence in the community setting and ensure residency in the least restrictive environment.
www.agingkansas.org
 - Kansas Department on Aging was awarded a three-year grant from the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) to develop an Aging and Disability Resource Center in Kansas. ADRCs streamline access to program information, application processes and eligibility determination for all aging and disability services. In Kansas, the ADRC project will collaborate closely with the Real Choice Systems Transformation project as well as other established projects focused on improving access to community services.
- **Funding/Waivers**
 - Chart of available service waivers in Kansas.
<http://www.srs.ks.gov/agency/css/Documents/WaiverDescription.pdf>
 - Community Developmental Disability Organizations (CDDO) – CDDOs are the single point of entry for an individual or family to obtain services through the developmental disabilities system in the State of Kansas.
<http://www.srs.ks.gov/agency/css/Pages/CSSPartners.aspx>
 - Money Follows the Person funding -
<http://www.srs.ks.gov/agency/css/Pages/MFPgrant/MFP.aspx>
 - SRS — Connects Kansans with supports and services to improve lives, i.e. Home and Community Based Services, medical services, children, adult, mental health, etc. Go to their website to learn all the possibilities. www.srskansas.org
 - Social Security — General information and on-line application for SSDI.
www.ssa.gov Go to www.socialsecurity.gov/redbook/ for The Red Book; this serves as a general reference source about the employment-related provisions of Social Security Disability Insurance and the Supplemental Security Income Programs for educators, advocates, rehabilitation professionals, and counselors who serve people with disabilities.